



NYLA Section Committee Representative Registration Form

Please complete the following details for your group's representative for each committee. Please note that all representatives must be current NYLA members.

Section: _____

NYLA Council Representative
Rep Name:
Company:
E-mail:

Group Treasurer
Rep Name:
Company:
E-mail:

Legislative Committee Representative
Rep Name:
Company:
E-mail:

Membership Committee Representative
Rep Name:
Company:
E-mail:

Conference Programmer / Continuing Education Committee Representative*
Rep Name:
Company:
E-mail:

Web Editor
Rep Name:
Address:
E-mail:

Communications Committee Representative
Rep Name:
Address:
E-mail:

Submitted by: _____

New York Library Association
6021 State Farm Road
Guilderland, NY 12084
518-432-6952 / 518-427-1697 fax
events@nyla.org

* If two separate reps – please list both separated by a slash.