



Friends of Libraries Section Membership Registration

Use this form to join NYLA/FLS or go online - www.nyla.org



Name of Friends Group or Individual _____

Mailing Address _____

Primary Contact Person for a Friends Group _____

Phone _____ E mail Address _____

Please include me on the FLS listserv.

Individual Membership at Friend rate (\$30) includes all NYLA benefits and Friends of Libraries as your primary section

Organizational Membership at Library Friends Group rate (\$50) includes all NYLA benefits for the designated primary contact person who will vote on behalf of the organization, Friends of Libraries as the primary section, and registration of the Friends Group elected officers as non-voting members of NYLA (Please see below for NYLA non-voting member benefits and complete that section of the form to register your group's elected officers.)

Please add the Friends of Libraries Section to my existing NYLA membership for \$10.00.

Amount enclosed \$ _____

Make check payable to New York Library Association (indicate Friends of Libraries Section on your check) and send it along with this form. Organizational members, please register your elected officers by completing the Friends Group Elected Officers form below and mail all items to:

New York Library Association, 6021 State Farm Road, Guilderland, NY 12084

NYLA - Friends Group Member - Elected Officer Registration Form

Organization:

Organizational membership entitles the elected officers of a Friends Group to become non-voting members of NYLA and receive these benefits: the bi-monthly e-Bulletin, weekly NYLA News You Can Use, any NYLA Legislative Alerts, the quarterly Friends News and Notes, reduced registration rates for the NYLA Annual Conference, and free registration for FLS-sponsored webinars. One primary contact person (does not have to be an elected officer) will be eligible to vote on behalf of the organization and receive all available NYLA member benefits. Please use a separate email address for each elected officer to facilitate NYLA login, conference registration, and communications. Also, please submit an updated version of this form to NYLA whenever your elected officers change.

Primary Contact Person:

Address:

City: State: Zip code:

Phone: ()

Fax: ()

E-mail:

Elected Officers

Name:

Address:

City: State: Zip code:

Phone: ()

Fax: ()

E-mail:

