

New York State Library Assistants' Association Membership Application/Renewal Form

(Office use only)
Date processed:
Member number:
Calendar year:
Membership year:

Name:		Title:		
Institution Name:				
Library Name:				
Library Address:				
Library City:		State:	Zip:	
Library Phone:		Email:		
Home Address:				
Home City:		State:	Zip:	
Home Phone:				
New Membership:	Renewal:			
Amount Enclosed:	\$	mbership, but supports the go	Š	·
Would you be interested in	helping NYSLAA by:	Serving on a committee Running for office?	Yes Yes	No
NYSLAA's membership ye Dues will be applied to the	•	_		
Make check payable to: Ne	w York State Library	Assistants' Association		
Mail check with completed	SUN Mil 1 C	nna Hanna NY Geneseo ne Library ollege Circle neseo, NY 14454-1498		

To pay **online using PayPal** go to: **nyslaa.org** In the right column, click on **Tools & Resources**. Follow the **Membership Dues Payment by PayPal** instructions. Then click the **Add to Cart** button.

Pay online then scan/email to: hanna@geneseo.edu
Questions? Feel free to call Donna: 585-245-5508