

FORM A – REGISTRATION FORM

Please register me in the Certificate of Achievement Program for Library Assistants. My fee and my packet are enclosed. (Please print legibly in ink or type and fill out completely).

Name: _____

Title: _____

Institution: _____

Business Address: _____

Business City: _____ **State:** _____ **Zip:** _____

Business Phone: (____) _____ **Ext:** _____ **Fax:** (____) _____

Email Address: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Home phone: (____) _____

_____ Have you ever attended a Certificate of Achievement Workshop?

_____ I am a member of NYSLAA. I have enclosed my \$20.00 registration fee.

_____ I wish to join NYSLAA (\$15.00 regular member, \$12.00 associate member)
I have enclosed the membership form and \$35.00/\$32.00 fee.

_____ I am not a member. I have enclosed my \$40.00 registration fee

Please register me for the Certificate at: (choose one below)

_____ Level I _____ Level II _____ Level III _____ Level IV

I choose to specialize in a Library Service Area (choose only one.):

_____ Public Services _____ Technical Services _____ Automation

_____ Administration/Management _____ General Library Services

Make checks or money order payable to:
New York State Library Assistants' Association

Mail check or money order **with packet** to:
Certificate of Achievement Review Board Coordinator