

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: Renew | al: | | | |
| Associate Membership \$12.00 (Does not presently meet criteria for Regu Amount Enclosed: S Would you be interested in helping NYSLA | | bership, but supports the g Serving on a committe Running for office? | | ntion) No No |
| NYSLAA's membership year runs from Jan Dues will be applied to the year received unl | less spec | cified otherwise. | | |
| Make check payable to: <i>New York State Lil</i> | • | | | |
| Mail check with completed form to: | SUN Milno 1 Col | a Hanna Y Geneseo e Library lege Circle seo, 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: <u>hanna@geneseo.edu</u> Questions? Feel free to call Donna: 585-245-5508

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