



APPLICATION FOR AFFILIATION

AMERICAN ASSOCIATION OF SCHOOL LIBRARIANS

Organization Information

Name: _____

Address: _____

Number and Street

Unit No.

I/C (If needed)

City

State

Zip

E-Info: _____

Website

E-mail

Please check the statement below that best describes your organization:

- part of a state library association stand-alone school library organization

Leadership Information

Title: President Chair

Name: _____

First

Last

ALA/AASL Member ID (Required)

Address: _____

Organization (If Business Address)

Unit No.

Number and Street

City

State

Zip

Preferred Phone

E-mail

Title: President-Elect Vice President Chair-Elect Vice Chair

Name: _____

First

Last

ALA/AASL Member ID (Required)

Address: _____

Organization (If Business Address)

Unit No.

Number and Street

City

State

Zip

Preferred Phone

E-mail

Affiliate Assembly Delegate Information

D
E
L
E
G
A
T
E

Name: _____
First Last ALA/AASL Member ID (Required)

Address: _____
Organization (If Business Address) Unit No.

Number and Street

City State Zip

1

Preferred Phone E-mail

D
E
L
E
G
A
T
E

Name: _____
First Last ALA/AASL Member ID (Required)

Address: _____
Organization (If Business Address) Unit No.

Number and Street

City State Zip

2

Preferred Phone E-mail

Annual Conference Information

Date(s): _____ Do the officers of the organization change at conference? _____

Location: _____
City Facility

Conference Organizer:

Name: _____
First Last E-mail

Publication Information

Title: _____

Format: Print Newsletter Journal E-Newsletter Other:

Schedule: Weekly Monthly Quarterly Annually Other:

Publication Editor/Manager:

Name: _____
First Last E-mail



