



AFFILIATE ASSEMBLY AFFILIATION/RE-AFFILIATION

Return to: American Association of School Librarians
Attention: Jennifer Habley
50 East Huron Street, Chicago, IL 60611
800-545-2433 ext. 4386 FAX 312-280-5276

Organization Information

Organization Name: _____

Mailing Address: _____

Number and Street

City

State

Zip

Website: _____ Email: _____

Please check the statement below that best describes your organization:

- a stand-alone organization
- part of an ALA state chapter
- part of a state library association

Approximate Membership Size: _____

Number of AASL Members: _____

Percentage of AASL Members: _____

▶ The minimum number of AASL Members required for Affiliation is 25 or 10% of your membership. At the time of this application, the number of AASL members in the above organization:

- falls below the minimum
- meets the minimum
- far exceeds the minimum

Affiliate Officer Information

President

First Name	Last Name	ALA/AASL Membership Number (Required)

Term Ends: _____

Address: _____
Institution Name if Work Address

Number and Street

City

State

Zip

Phone: () _____ Fax: () _____

Email: _____

Delegate #2

First Name _____

Last Name _____

ALA/AASL Membership
Number (Required) _____

Term Ends: _____

Address: _____

Institution Name if Work Address _____

Number and Street _____

City _____

State _____

Zip _____

Phone: () _____

Fax: () _____

Email: _____

Delegate Selection Process:

 President and Vice
President elected Delegates elected
for _____ year term Other: _____**Administrative Staff (if applicable)****Staff**

First Name _____

Last Name _____

ALA/AASL Membership
Number _____

Title: _____

Address: _____

Institution Name if Work Address _____

Number and Street _____

City _____

State _____

Zip _____

Phone: () _____

Fax: () _____

Email: _____

Conference Information

Annual Conference Date: _____

Approximate Attendance: _____

Conference Location: _____

City _____

Facility _____

Conference Chairperson: _____

First Name _____

Last Name _____

Publication Information**Title**

Name of Newsletter or Journal _____

Format:

 Newsletter Journal Other: _____

Schedule: Weekly Monthly Quarterly Bi-annually Annually Other

Editor

First Name Last Name ALA/AASL Membership Number

Address:

Institution Name if Work Address

Number and Street

City State Zip

Phone: () Fax: ()

Email: _____

State Department of Education Contact

Staff

First Name Last Name ALA/AASL Membership Number

Title: _____

Address:

Institution Name if Work Address

Number and Street

City State Zip

Phone: () Fax: ()

Email: _____

According to the AASL Plan for Affiliation revised in 1999:

The organization seeking affiliation with AASL completes an application form and submits it to the AASL Executive Director with the attachments specified as follows:

- a) constitution
- b) bylaws
- c) newsletter and/or journal
- d) roster of officers
- e) ALA/AASL membership numbers for the president and delegate(s)
- f) list of a minimum of 25 AASL personal members (or 10% of the membership) who are members of the organization seeking affiliate status.

Upon receiving letter of approval of affiliate application, the organization elects or appoints its representatives or delegates to the AASL Affiliate Assembly and assumes the other responsibilities identified above.