



# SCHOOL LIBRARIANS' ASSOCIATION OF WESTERN NEW YORK

## 2007-2008 Membership Form



**\*Please Register by October 19, 2007 to ensure you will you be included in this year's SLAWNY Directory and to be eligible for a gift certificate drawing. The Directory will be distributed at the November meeting!**

**\*\*\* Please note that annual membership in SLAWNY coincides with the school year. No matter when you joined last year, you must renew your membership at the start of each school year.**

**Please PRINT neatly, especially e-mail addresses! Please HIGHLIGHT any information that is different from last year. Thank you!**

\_\_\_\_\_New member

\_\_\_\_\_Renewal

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home E-mail \_\_\_\_\_

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School District \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

School Phone \_\_\_\_\_ School FAX \_\_\_\_\_

School E-mail \_\_\_\_\_

School Library System \_\_\_\_\_

### Dues

Please check your status:

- \_\_\_\_\_ **\$15.00 Professional**
- \_\_\_\_\_ **\$20.00 Joint Membership\***
- \_\_\_\_\_ \$5.00 Retired
- \_\_\_\_\_ \$5.00 Student

**\*Joint membership** is available for those wishing to join both BSLA (Buffalo School Librarians' Association) and **SLAWNY**.

**Please send your check (payable to SLAWNY) and this form to:**

**Michele Pava  
55 Tacoma Ave.  
Buffalo, NY 14216**

Member NYLA/SLMS

Member ALA/AASL

\* NEW Question  
Number of years as a SLMS \_\_\_\_\_

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