



NEW JERSEY ASSOCIATION OF SCHOOL LIBRARIANS
Membership Year August 1, 2017 – July 31, 2018
PLEASE TYPE OR PRINT

Last Name _____

First Name _____

HOME ADDRESS

Street _____

City _____ State _____

Zip _____ County _____

Home Phone (____) _____

Home Email _____

Send NJASL communication to: ____ Home ____ Work

Remove me from all electronic mailings ____ Yes ____ No

WORK ADDRESS

Name of Library/Institution or School: _____

School District: _____

Street _____

City _____ State _____

Zip _____ County _____

Work Phone (____) _____

Work Email _____

TYPE OF MEMBERSHIP

____ Renewal ____ New

____ **Active Professional** **\$65.00/yr**

____ **Retired** **\$65.00/3 years or \$26.00/1 yr**

____ **Student (MLIS/MIS/Assoc. SLMS program)** **\$25.00/yr**

____ **Part-time librarian (20 hr/wk or less)** **\$33.00/yr**

____ **Associate Member** **\$33.00/yr**

(vendors, authors/illustrators, former librarians, teachers, administrators, community members, supporters, public librarians, etc.)

I am a member of AASL: ____ Yes ____ No

I am a member of NJLA: ____ Yes ____ No

I am in an urban school: ____ Yes ____ No

I am in a private school: ____ Yes ____ No

Certificates held (e.g. Teacher, SLMS, CE, CEAS, Teacher-Librarian, Supervisor, etc.) Please list:

I have held my School Library Media Specialist certificate less than 3 years. ____ Yes ____ No

I need to be mentored for the DOE. ____ Yes ____ No

My Position is:

____ Public School Libr. ____ Private/Indep. School Libr.

____ Vo-Tech. School LMS ____ K-12 District Supervisor

____ Former School Librarian ____ Retired Librarian

____ Public Librarian ____ LIS Faculty ____ Lib Coop Dir.

____ Vendor ____ Author/Illustrator ____ Parent/community

____ Teacher ____ Principal ____ Tech Coordinator

____ Related Business Member ____ Lifetime Member

____ Other: _____

I would like to: *(please check all that apply)*

____ Mentor a new librarian ____ Serve on a committee:

____ Authors/Illustrators ____ Credentials ____ Finance

____ Enthusiastic Readers ____ Intellectual Freedom

____ Legislative ____ Membership ____ Retirees

____ New Member Orientation ____ Nominations/Elections

____ Professional Development ____ Bookmark

____ Public Relations ____ Electronic Discussion List

____ Scholarships/Awards ____ Standards

____ Standing Conference Committee

____ Student Affiliate ____ Urban Libraries ____ Website

PAYMENT: MAKE CHECKS PAYABLE TO NJASL

Dues \$ _____

Donations:

NJASL Scholarship Fund** \$ _____

Villy Gandhi Memorial Fund** \$ _____

***Donations are tax deductible*

Total Amount Remitted \$ _____

Purchase Order # _____ *(if applicable)*

Please return this form with remittance to:
NJASL

c/o C.H. Lopez Educational Consulting
 PO Box 247
 Metuchen, NJ 08840
 registration@njasl.org
 732-243-9339 fax

MEMBERSHIP YEAR BEGINS Aug 1
Renew early to avoid processing delays!
To register at member rate for conference,
please join or renew by:
November 1, 2017