

Membership Application

Last Name

First Name

School Name

School Street

School City / Town

School State

School Zip

Home Street

Home City /Town

Home State

Home Zip

Preferred Phone

Preferred E-Mail

Position Title

Yes, I want to be more active in CASL. (Circle all appropriate responses)

Serve on the Board

Serve on the Conference Team

Volunteer to help at Conference

Help plan regional meetings

Join YA Literature discussion Group

Be a Mentor

Want a Mentor

Certification

Provisional Educator

Initial Educator

Professional Educator

Certification Number (62 is library media)

Other Professional Memberships (Circle all appropriate responses)

AASL / ALA

CECA

NESLA (New England School Library Association)

CLA

AECT

Dues (Circle all appropriate responses)

\$40 per year, expires 10/30

\$25 student /retiree per year, expires 10/30

Deduct \$5 by sending a copy of membership in another professional organization