



Downloadable Membership Form

Please print out this form, fill it out completely, and send it with your membership dues to the NELA Office.

Name: _____ Work Phone: _____

Title: _____ Work Fax: _____

Library/Company: _____ Email: _____

Work Address: _____

City: State: Zip: _____

Preferred Mail Address : _____
(if different)

***** **DUES SCHEDULE** *****

- | | |
|---|---|
| <input type="checkbox"/> \$20 annual salary under \$15,000 | <input type="checkbox"/> \$70 annual salary \$55,001 - \$65,000 |
| <input type="checkbox"/> \$30 annual salary \$15,001 - \$25,000 | <input type="checkbox"/> \$80 annual salary over \$65,000 |
| <input type="checkbox"/> \$40 annual salary \$25,001 - \$35,000 | <input type="checkbox"/> \$30 Trustee/Friend |
| <input type="checkbox"/> \$50 annual salary \$35,001 - \$45,000 | <input type="checkbox"/> \$20 Retired |
| <input type="checkbox"/> \$60 annual salary \$45,001 - \$55,000 | <input type="checkbox"/> \$15 Student |

Members of NELA are entitled to attend all programs at reduced member rates, to join the sections with which they would like to become actively involved, and to serve on NELA committees. Members will receive a monthly electronic newsletter.

The NELA membership year is based on your anniversary date, the date on which you joined NELA. You will receive an email reminder 60 days before the end of your membership year, and may renew online with a credit card or by mail with a check. Additional reminders will also be sent.

Please circle which category best describes your position. One only please!

- | | | | |
|-----------------------------|-----------------------------|--------------------------------|------------------|
| E School Librarian | P Public Librarian | Z Supplier to libraries | R Retired |
| S Special Librarian | A Academic Librarian | T Trustee/Friend | O Other |
| Y Cooperative/System | G Government Agency | X Student | |

Please indicate the sections of interest to you. If you would like to get information about their activities please check Line #1. If you would like to be actively involved in the work of the section, check Line #2.

- | | | | |
|---------------------|---------------|----------------------------|---------------|
| Academic (ALS) | #1____ #2____ | Information Tech (ITS) | #1____ #2____ |
| Children's (NERTCL) | #1____ #2____ | Technical Services (NETSL) | #1____ #2____ |
| GLBT (HQ76.3) | #1____ #2____ | | |

Please indicate the committees you would like to join.

- | | | |
|-----------------|-----------------------------|---------------------------|
| Conference_____ | Educational Assistance_____ | Intellectual Freedom_____ |
| Membership_____ | Public Relations_____ | Publications_____ |

***** **DUES PAYMENT (do not detach)** *****

Your contribution of \$1 or more to the *Educational Assistance Fund* helps to provide Graduate Library School scholarships, Continuing Education Grants, and NELA Conference Grants.

\$ _____ Dues
\$ _____ Contributions
\$ _____ Total Enclosed

SEND TO: NELA Office
31 Connor Lane
Wilton, NH 03086