



AkASL Membership Registration/Renewal Form

(Membership runs from July 1 through June 30th of each year.)
Be sure to RENEW for the current school year!

Make checks payable to: **AkASL** Please print out this form and **mail form and check to:**

Ann Morgester, 1470 Northview #4, Anchorage AK 99504

For more information, email Ann Morgester (Membership Chair): annm@alaska.net

Please write in the amount of your membership:

\$_____ ACTIVE MEMBERSHIP (\$20)

Alaskan school librarians who currently teach, direct, or supervise in the field of school library information services.

\$_____ ASSOCIATE MEMBERSHIP (\$10)

For those who are actively promoting and advancing school library programs. Includes individuals in clerical positions, and those who are retired or from out of state.

\$_____ COMMERCIAL MEMBERSHIP (\$40)

Organizations & businesses that wish to receive the Puffin, Battle of the Books mailings, & other Association information..

Total amount: \$_____

Please complete the information below:

First Name, MI, Last Name: _____

Address (street): _____

City, State, Zip: _____

Home phone / Work phone: _____/_____

School or Business: _____

Work Address: _____

Fax# / Email address: _____/_____

Title, position, etc. _____

School District: _____

I am currently a member of (check those that apply): Region: _____ (Northern / SouthCentral / SouthEastern / Western)

I am currently a member of (check those that apply): _____AASL National _____Alaska Library Assn _____ALA

(Office use only)

Date: _____ Mb# _____ \$Pd _____ Ck# _____

_____DB entered _____Cd sent