

## Membership Form

Today's Date

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 example 8606936666

Preferred E-Mail

Position Title

Yes, I want to be more active in CASL

- 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

Other Professional Memberships

- AASL / ALA
- CECA
- NESLA (New England School Library Association)
- CLA
- AECT

Dues

- \$40 per year, membership term 07/01-06/30
- \$25 student /retiree per year, membership term 07/01 -06/30
- Deduct \$5 by sending a copy of membership in another professional organization

If using a PO, write the number here or the district's name.

Make checks and POs payable to CASL.  
Send to Anne Weimann, 25 Elmwood Ave. Trumbull, CT 06611

Submit

Reset