

## NELA Membership Form – 2008/2009

Please print out this form and send it with your membership dues to:

New England Library Association  
31 Connor Lane  
Wilton, NH 03086

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Name: \_\_\_\_\_

Title: \_\_\_\_\_

Library/Company: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Mail Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Did a NELA member contact you about joining? If so, please enter their name below.

“Member-for-a-Member” Sponsor’s Name: \_\_\_\_\_

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### Dues Schedule (select appropriate category)

- \$20 – Annual Salary \$15,000 and under
- \$30 – Annual Salary \$15,001 – \$25,000
- \$40 – Annual Salary \$25,001 – \$35,000
- \$50 – Annual Salary \$35,001 – \$45,000
- \$60 – Annual Salary \$45,001 – \$55,000
- \$70 – Annual Salary \$55,001 – \$65,000
- \$80 – Annual Salary over \$65,000
- \$30 – Trustee/Friend
- \$20 – Retired
- \$15 – Student

**NELA Membership Form (continued)** Name: \_\_\_\_\_

Members of NELA are entitled to attend all programs at member rates and to join the sections with which they would like to become actively involved. The NELA membership year is **January 1 through December 31**. Since you are registering after our annual conference, you are registering for the rest of this calendar year, plus 2009.

Dues are billed in advance and are non-refundable and non-transferable.

Please mark the category that best describes your position. Only one please!

- |  |  |  |                                      |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> School Librarian  | <input type="checkbox"/> Public Librarian    | <input type="checkbox"/> Academic Librarian        | <input type="checkbox"/> Retired     |
| <input type="checkbox"/> Medical Librarian | <input type="checkbox"/> Corporate Librarian | <input type="checkbox"/> Trustee/Friend            | <input type="checkbox"/> Other       |
| <input type="checkbox"/> Legal Librarian   | <input type="checkbox"/> Government Agency   | <input type="checkbox"/> Z - Supplier to libraries | <input type="checkbox"/> X - Student |

Please indicate the section(s) in which you would like to become actively involved.

- |                                   |   |   |
|-----------------------------------|---|---|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Childrens (NERTCL)   | <input type="checkbox"/> Information Technology (ITS) |
| <input type="checkbox"/> HQ76.3   | <input type="checkbox"/> Intellectual Freedom | <input type="checkbox"/> Technical Services (NETSL)   |

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## Dues Payment

Please make checks payable to:  
**New England Library Association**

\$\_\_\_\_\_ Dues

\$\_\_\_\_\_ Contributions\*

\$\_\_\_\_\_ Total Enclosed

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