



2014-2015 Share the Wealth Membership Campaign

Share your commitment to the school library profession by participating in AASL's Share the Wealth membership recruitment campaign. By recruiting your colleagues to AASL, you are contributing to the development and growth of your association. A growing AASL means greater recognition for school librarians in the K-12 community, more resources and support for members, and a larger network dedicated to transforming learning.

AASL members who refer a colleague will be entered into:

- Monthly drawing (in the month the application is received) for a complimentary AASL membership—\$50 value
- Grand prize drawing for complimentary AASL 17th National Conference registration, airfare to conference, and three-night hotel stay (one entry for each referral received)—\$1,500 value

For more information, give us a call or visit us on the web:

800-545-2433 ext. 4382 TDD 888-814-7692 www.ala.org/aasl/STW

	Date				
Name					
PREFIX	FIRST	MIDDLE	LAST	SUFFIX	
Title	Ρ	lace of Employment_			
CITY	STATE	ZIP		COUNTRY	
Work Phone		Home Phone			
Toll Free #		Fax			
E-mail					
Home Address					
CITY	STATE	ZIP		COUNTRY	
Send ALA mail to D Home D Work		Send ALA billin	Send ALA billings to D Home D Work		

personal membership acceptance form

Please allow 4-8 weeks for initial receipt of publications.

From time to time, ALA rents its membership lists to select organizations offering services or products related to libraries and educational organizations. If you DO NOT wish to be included in these mailings please check the appropriate box(es).

NO MAIL listing
NO E-MAIL listing

Personal Membership Categories:

- □ **\$115** I want to join AASL/ALA for the FIRST TIME
- □ **\$148** Renew SECOND YEAR ALA
- membership and ADD AASL
- membership and ADD AASL
- □ **\$96** I am a library support staff person employed in library and information services or related activities
- □ **\$71** I am employed full- or part-time in library service related activities at a salary of less than \$25,000 per annum, or I am unemployed
- \$25,000 per annum, or I am

- \$53 | am a student enrolled in a library science program (5 year limit)
- \$50 I am already an ALA personal member and want to join AASL Membership Number ______ Valid Through

Sections & Special Interest Groups:

- Educators of School Librarians (ESLS)
- Independent Schools (ISS)
- □ Supervisors (SPVS)
- Student SIG
- □ Retiree SIG

Method of Payment:

Check enclosed (payable to ALA)	Purchase order enclosed	USA USA	MasterCard	🗅 AmEx
Account / PO #		Expiration	Date	
Name/Contact	Signature			
Phone	E-mail			

Your membership will be effective for one year following the receipt of dues.

NAME

Referred by ____

/ _____

EMAIL

Membership in the American Library Association is required for membership in the American Association of School Librarians. In order for your reference to receive credit for this referral your membership form must be returned to AASL (not ALA) for tracking.

Mail, Fax, or E-mail application to:

American Association of School Librarians, 50 E. Huron St., Chicago, IL 60611-2795 Fax 312-280-5276 | E-mail aasl@ala.org