



MASL Membership Application

Maryland Association of School Librarians

MEMBER INFORMATION:

Name: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Work Fax: _____

Email Address: _____

Place of Employment: _____

County Where Employed: _____

Position Held: _____

Elementary School

Private

K-12

Middle School

Public

University

High School

Other

*MASL publishes a Membership Directory. ** The only information included in the directory is your name, school, county, school phone, and email.*

_____ Please check if you **DO NOT** want this information published in the directory

MEMBERSHIP STATUS:

(Please check one and remit to Jen O'Halloran with check payable to MASL.)

_____ Regular/Active - 1 year \$25.00

_____ Retired – 1 year \$10.00

_____ Regular/Active - 2 years \$40.00

_____ Associate – 1 year \$15.00

_____ Life - \$200.00

_____ Corporate – 1 year \$50.00

_____ Student - 1 year \$10.00

Date: _____

Check #: _____

Please consider a tax deductible donation to the MASL Memorial Fund in addition to your dues. Make separate check payable to MASL Memorial Fund and remit with dues.

Please mail MASL Membership Application and payment (check payable to MASL) to:

Jen O'Halloran, Media Specialist
Strawberry Knoll Elementary School
18820 Strawberry Knoll Road
Gaithersburg, MD 20879

Thank you for your support!