



SSLA APPLICATION FOR MEMBERSHIP

Name (in full): _____

Teaching Certificate Number: _____
(Required for regular rates and STF grant)

Home Address: _____

Title/Position: _____

Employer/ School Division: _____

Email: _____ (work) _____ (home)

Telephone: _____ (home or work)

The above information will be used to contact members for renewal and membership drive purposes, and to forward conference and professional development information. All information will be stored securely by the SSLA and in the STF database. It is the responsibility of the member to notify the SSLA if there is a change in information.

Signature

Date

- I hereby authorize the SSLA to use my name and/or photo in their publications in accordance with the provincial Freedom of Information and Protection of Privacy Act.

SSLA publications are available from the web site - <http://www.ssla.ca>

Membership Fees for 1 Year:

- Regular \$30.00 (individuals with a teaching certificate)
 Associate \$35.00 (individuals WITHOUT a teaching certificate)
 Institutional \$41.00

Submit payment online (<http://www.ssla.ca/sslstore.htm>) or mail payment.
Email completed form to Sasksla@gmail.com or mail to:

Saskatchewan School Library Association
543 Whitewood Crescent
Saskatoon, SK S7J 4L4