



SSLA APPLICATION FOR MEMBERSHIP

Name (in full): _____

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

Home Address:

Employer/Position:

Email: _____ (work) _____ (home)

Telephone: _____ (work) _____ (home)

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 SSLA 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

Please mail payment with this form to:

Saskatchewan School Library Association
c/o Kim Johnson
543 Whitewood Crescent
Saskatoon, SK S7J 4L4