



(Membership year runs from January 1st—December 31st, 2023)

Name: _____

Mailing address (on): _____

By supplying your email address, you agree to receive WLA emails.
We do not share emails. Email address:

Membership Status (circle one):

- New Member • Renewal

Library/Library School: _____

Library type (circle one):

- Academic • Public
- School • Special

WLA Section Interests (circle as many as applies):

- Academic • Reference
- Support Staff • Youth Services

Membership Fee:

Group (Must have 5 staff members) – (\$101)** \$ _____

Regular – (\$31.00) \$ _____

Retired Librarians – (\$11.00) \$ _____

Currently Unemployed Librarians – (\$11.00) \$ _____

Library School Student – (\$11.00) \$ _____

Scholarship/Professional Support Donation \$ _____

Total Enclosed \$ _____

Please make check payable to Westchester Library Association

(Your canceled check is proof of paid membership)

**If you are registering new members via group registration, please fill out the additional fields on the back of this form.

Mail check and form to:

Donna Gehlmann, Westchester Library Association

POB 8258

White Plains, NY 10602

Email: dgehlmann@whiteplainsny.gov

For Libraries opting for Group Registration: Please provide the following information for each member you are registering.

Member 1:

Name: _____

Mailing address (required): _____

*By supplying your email address, you agree to receive WLA emails.
We do not share emails.* Email address:

WLA Section Interests (circle as many as applies):

- Academic • Reference
- Support Staff • Youth Services

Member 2:

Name: _____

Mailing address (required): _____

*By supplying your email address, you agree to receive WLA emails.
We do not share emails.* Email address:

WLA Section Interests (circle as many as applies):

- Academic • Reference
- Support Staff • Youth Services

Member 3:

Name: _____

Mailing address (required): _____

*By supplying your email address, you agree to receive WLA emails.
We do not share emails.* Email address:

WLA Section Interests (circle as many as applies):

- Academic • Reference
- Support Staff • Youth Services

Member 4:

Name: _____

Mailing address (required): _____

*By supplying your email address, you agree to receive WLA emails.
We do not share emails.* Email address:

WLA Section Interests (circle as many as applies):

- Academic • Reference
- Support Staff • Youth Services

Member 5:

Name: _____

Mailing address (required): _____

*By supplying your email address, you agree to receive WLA emails.
We do not share emails.* Email address:

WLA Section Interests (circle as many as applies):

- Academic • Reference
- Support Staff • Youth Services