ACRL/NY Membership Form http://www.acrlny.org/membership.htm

ACRL/NY is the greater New York metropolitan area chapter of the Association of College and Research Libraries. Divided into three geographic sections, ACRL/NY offers a wide range of activities and discussion groups. Each year the organization hosts an annual symposium that focuses on current issues in librarianship. We appreciate your support.

Membership Year (Dues are in effect from Jan. 1-Dec. 31): _____

Name: _____

Institution: _____

Address: (Using your institutional address as your mailing address may save us money.)

_____ **Work Phone:** ( ) _____

_____ **Home Phone:** ( ) _____

_____ **Email:** _____

Membership Category: ____ New ____ Continuing

Geographic Section: ____ New York City ____Long Island ____Westchester/ Lower Hudson Valley
(Choose one)

I am interested in joining the following Discussion Groups:

____ Information Literacy/Instruction
____ Resource Sharing (combines Collection Development, Electronic Resources and Technical Services discussion groups)
____ New Librarians
____ Special Collections and Archives
____ User Experience (formerly Access Services)

____ I am willing to lead the _____ Discussion Group.

____ I am interested in serving on the Symposium Planning Committee.

Dues Category: (Dues are in effect from Jan. 1-Dec. 31)

____ Current member of ACRL national: $25
____ Non-member of ACRL national: $35
____ Library/information science student: $10
____ Retiree: $10

ACRL/NY Distinguished Service Memorial Award Fund

In memory of those who have provided distinguished service, the fund provides awards to deserving library/information science students.

____ I would like to contribute $ ____ to the fund.

Total enclosed _____

Make check payable to: ACRL/NY and include the current dues year on your check. ("Dues, 2009"). Mail to:

Bellinda Wise
ACRL/NY Membership Secretary
Nassau Community College Library
1 Education Dr.
Garden City, NY 11530