



MASL Membership Application

Maryland Association of School Librarians

MEMBER INFORMATION:

Name: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Preferred Email Address: _____

Secondary Email Address: _____

Place of Employment: _____

County Where Employed: _____

Position Held: _____

Elementary School

Middle School

High School

Private

Public

K-12

University

Other

MEMBERSHIP DUES – MEMBERSHIP IS INCLUDED IN THE COST OF THE ANNUAL CONFERENCE:

1 Year regular membership - \$25.00

(Make check payable to **MASL** or pay by **PAYPAL** on the website.)

Date: _____

Check #: _____

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

MASL Membership
1304 Windmill Ln
Silver Spring, MD 20905

Thank you for your support!