



Hawai'i Library Association Membership Form

Personal Information

Full Name: _____
Last *First*

Address: _____
Street Address

_____ *City* *State* *ZIP Code*

Phone: _____ Email: _____

Membership Questions

Please select if you are a new member or are renewing:	New Member	Renewal
Please select a membership category:	\$15 – Library School Student	\$15 – Salaries under \$20,000
	\$15 – Retiree	\$30 – Salaries to \$30,000
	\$15 – School Librarian w/ HASL Membership	\$40 – Salaries over \$30,000
Please select a library type:	Academic	School
	Public	Special
Please select a section of professional interest:	Academic	Reference & User Services
	Children & Youth	School & Media Services
	Hawaiiana	Technical Services
	Information & Technology	
Are you an ALA member?	Yes	No

Please print the completed form and mail it with a check, made payable to **Hawai'i Library Association**, to:

Hawai'i Library Association
PO Box 4441
Honolulu, HI 96812-4441

Date Received (Office Use Only): _____