

## Application of Affiliation with PSLA

Name of Organization \_\_\_\_\_

Location or Region Represented \_\_\_\_\_

Contact information to be used for PSLA web site and publications

Name \_\_\_\_\_

Title or Office \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Is at least 50% of your membership members of PSLA \_\_\_\_ yes \_\_\_\_ no

Please submit the following documents:

1. Roster of officers with term of office and contact information, include editor and/or webmaster if applicable.
2. A copy of the organization's constitution and/or bylaws. (Please Note: these will be maintained in a file and available to other organizations for consultation for the purpose of organizing or reconstructing.)

As the executive officer of the above name organization, I affirm that the procedures for affiliation with the Pennsylvania School Librarians Association have been reviewed by our board or operating committee and that we agree to abide by same.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Office/Title

\_\_\_\_\_  
Date