

## Membership Application/Renewal 2023-2024 Membership

		□Renewal
		□New Membership
Organization:		
Address:		
City:	State:	Zip:
<b>Primary Contact:</b>		
<b>Primary Contact Email:</b>		
<b>Primary Contact Phone:</b>		
Are you a member of the American A	Association of Law Libraries	s? Yes □ No □
Please designate a contact if you wou directory. ILL privileges are determine		
ILL Contact:		
Type of Membership Desired:		
☐ Institutional (Membership is the p (Please fill out names of the indiv		*
Numbe	er of Institutional Members	s:
	Total due	2:
☐ Individual (Membership is the pro☐ Associate (\$35)☐ Student (\$12.50)☐ Retired (\$12.50)	operty of the member – \$35)	
Name:		
Title:		
Please forward form(s) to: <b>Brandi</b>	Robertson at brobertson@s	georgialibraries.org

Brandi Robertson Georgia Library Service for the Blind and Print Disabled 2872 Woodcock Boulevard Suite 250 Atlanta, GA 30341

## \*\*ADDENDUM- for institutional members only\*\* Please provide details for each institutional seat purchased

Name:	
Title:	
Contact Phone:	
Contact Email:	
Name:	
Title:	
Contact Phone:	
Contact Email:	
Name:	
Title:	
Contact Phone:	
Contact Email:	
Nama	
Name:	
Title:	
Contact Phone:	
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Title:	
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Contact Email:	