SLA Membership Application

Please complete in BLOCK CAPITALS and delete as applicable

CONTACT NAME _____

SCHOOL NAME _____

ADDRESS _____

_____

POSTCODE _____

Telephone _____

Email _____

Personal Membership / **School** Membership please specify school information below

Primary / Secondary / Other age range please specify _____

State / Independent / Academy / Special / Other please specify _____

Name of local education authority _____

I wish to apply for membership of the School Library Association

By becoming a member of the Association you assume a legal liability in the event of the Association's being wound up during your membership or within a year after the cessation of your membership to contribute to the Association an amount not exceeding 50p.

Signed _____ Date _____

☐ Please invoice me – I enclose official order for £ _____

☐ I enclose cheque for £ _____ Voucher code if applicable _____

☐ Please debit my Visa / MasterCard

Card No _____ Expiry date _____

Signature _____ Name of cardholder _____

Address of cardholder _____

_____ Postcode _____

Please tell us how you heard about the SLA: _____

Membership rates

Annual membership *to include one copy each quarter of The School Librarian*	£85.00
Annual membership *to include two copies each quarter of The School Librarian*	£115.00
Full-time Student/Retired membership *to include one copy each quarter of The School Librarian*	£45.00

Methods of payment

Cheques should be made payable to the School Library Association and crossed. To pay by BACS or Standing Order, or to pay in Euros, please contact the SLA office for information.

W 02-2012

Please send this form to:

School Library Association
1 Pine Court, Kembrey Park
Swindon SN2 8AD

Tel: 01793 530166 Fax: 01793 481182
Email: membership@sla.org.uk Web: www.sla.org.uk

School Library Association

Registered Charity Nos. 313660 and SC039453