



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 _____

Please tell us how you heard about the SLA: _____

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 _____

Membership rates

Annual membership to include one copy each quarter of <i>The School Librarian</i>	£89.00
Annual membership to include two copies each quarter of <i>The School Librarian</i>	£119.00
Full-time Student/Retired membership to include one copy each quarter of <i>The School Librarian</i>	£47.50
Delivery charge for members outside EU	£12.00

Methods of payment

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

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 _____ Security no. (3 digits) _____

Signature _____ Name of cardholder _____

Address of cardholder _____

_____ Postcode _____

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

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School Library Association

Registered Charity Nos. 313660 and SC039453