



WHSLA Membership Form

Which membership year are you registering for?

Are you a new or renewing WHSLA member?

☐ New

☐ Renewing

Name:

Library name, Institution name:

Library address *Include the library's street address, city, state, zip code*

Email *This email will be added to the WHSLA list-serv so you will receive news and communications from our organization*

How will you be paying dues?

If you are paying with PayPal, go back to the WHSLA website and click/tap the Pay Now button to submit your payment.

☐ PayPal

☐ Check

☐ Financial hardship/free account.

Return the completed form to: whslatreasurer@gmail.com