



Hawaii Association of School Librarians
P.O. Box 235284 Honolulu, HI 96823

Membership Application

Please type or print:

Name: (Last) _____ (First) _____

Title: _____ School: _____

Address: (Street) _____

City: _____ State: _____ ZIP _____

Telephone: (Home) _____ (School) _____

FAX: _____

Email: _____

(Please—no Lotus Notes addresses. We will be distributing newsletters via this email address.)

Membership status: Renewing _____ New _____

Membership Type:

_____ Regular (\$35.00)

_____ Associate – Student (\$7.00)

_____ Associate – retiree/previously engaged in library media work on a professional basis (\$7.00)

_____ Institutional/Vendor (\$40.00)

Library Type: DOE _____ Private _____ Other _____

Island: Oahu _____ Kauai _____ Maui _____ Lanai _____ Big Island _____ Molokai _____

Are you a member of AASL? Yes _____ No _____ (This information is necessary for our affiliation with AASL)

For networking purposes, indicate what your interests/talents are: _____

Donations:

_____ I would like to contribute to the HASL Scholarship Fund. Amount: _____

_____ I would like to make a tax-deductible donation to HASL to enhance professional development

Membership is from October 1st to September 30th 20____(enter year)

Make check payable to HASL and mail it to Denise Sumida, 1042 Kalapaki St, Honolulu, HI 96825

FOR OFFICE USE ONLY

Date Received _____ Cash _____ Check Date _____ Check Number _____

Amount Paid _____ Amount Dues _____ Scholarship _____ PD _____