

SLAWNY Membership Form

Fill out this form and include it with your payment. Mail form to: Western New York Library Resources Council, 4950 Genesee St., Suite 170, Cheektowaga NY, 14225.

All checks must be made out to: Western New York Library Resources Council. To pay by credit card via phone, you may call 716-633-0705 x100 and mail the completed form only to the above address.

Your Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Twitter Handle: _____

School Information

School: _____ District: _____

School Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

School Phone: _____ School Email: _____

Membership Options

Please check which level of SLAWNY membership you are registering for.

- Current SLAWNY Member (\$25.00) First Time Joining (\$25.00)
- Retired SLAWNY Member (\$10.00) Student (\$10.00) I do not wish to join SLAWNY.

Signature

Signature: _____ Date: _____