

## SLANZA membership application form 2007

Please print this form and complete **ALL** details **legibly**.

Your Full Name:

School/Organisation:

**Position** – please tick the job title that best suits your library related responsibilities:

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Deputy Principal                    | <input type="checkbox"/> Library committee | <input type="checkbox"/> Librarian    |
| <input type="checkbox"/> Trained teacher librarian           | <input type="checkbox"/> Technical support | <input type="checkbox"/> Principal    |
| <input type="checkbox"/> Library Assistant                   | <input type="checkbox"/> Library manager   | <input type="checkbox"/> N.L. Adviser |
| <input type="checkbox"/> Teacher with library responsibility |  | <input type="checkbox"/> Other        |

**Academic qualifications:**

**Preferred SLANZA region:**

**Contact details:**

Home postal address:

Phone:

Fax:

Email:

**Work postal address:**

Phone:

Fax:

Email:

**Annual Subscription** (personal only but may be paid by your school). Due February each year. **\$45.00**

- Cheque enclosed (made payable to SLANZA)  Current member  New member

Signed \_\_\_\_\_ Date \_\_\_\_\_

Checklist  All boxes completed  Form signed  Cheque attached

**Send completed form and payment to : SLANZA Membership Secretary, PO Box 36-511, Merivale, CHRISTCHURCH.** You should receive your receipt within 3 weeks. Please retain your receipt for further reference.

**For Office use only:**

Receipt no.

chq received

Receipt/membership confirmation date

Date entered