



Membership Form

I am registering as a: _____ Regular Member (\$10/yr)

_____ Student Member (\$5/yr)

Name: _____

E-mail address: _____

PLEASE FILL OUT ALL INFORMATION BELOW:

Organization

Name: _____

Mailing

Address: _____

City: _____ Zip Code: _____

Telephone Number(_____) _____

Personal Information:

Mailing

Address: _____

City: _____

Zip Code: _____

E-mail address (if different from above): _____

Telephone Number (_____) _____

Which of the following do you chose as your Official SALA mailing address?

Organization address _____

Home Address _____

Do you currently subscribe to the SALA email listserv?

Yes _____ **No** _____

The mailing list may be shared with publishers, additional professional organizations, etc. If you **DO NOT** want to receive additional notices or information please indicate by marking this space:_____

If you have e-mail and WWW access, please see the SALA Website at <http://alarchivists.org/> and consider joining the SALA listserv.

Enclosed is my check or money order for \$_____.

Return to:

Cynthia Luckie, Treasurer
Society of Alabama Archivists
c/o Alabama Department of Archives & History
PO Box 300100
Montgomery, AL 36130-0100

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