



PERSONAL MEMBERSHIP FORM

Title: Mr. Mrs. Miss Ms. Dr. Other: _____

Name: _____

Position: _____

Library: _____

Institution: _____

Address: _____

City, State, Zip Code: _____

Country: _____ Office telephone: _____

FAX: _____ Email: _____

Home Address: _____

City, State, Zip Code: _____

Country: _____ Home telephone: _____

Preferred format for receiving *ASDAL Action*:
 Electronic
 Paper at work
 Paper at home

My name may be released for SDA mailing lists: Yes No

Dues Schedule:	<input type="checkbox"/> Regular Membership	US\$ 20.00
(includes subscription to <i>ASDAL Action</i>)	<input type="checkbox"/> Student Membership	US\$ 10.00
	<input type="checkbox"/> Retiree Membership	US\$ 10.00

ASDAL's membership year is Sept. 1 to Aug. 31 and membership dues are due in September.

Please make your check payable to 'ASDAL' and return with this form to:

Lee Marie Wisel
 ASDAL Treasurer
 Weis Library
 7600 Flower Ave.
 Columbia Union College
 Takoma Park, MD 20912
 USA