



L'Association des bibliothécaires du Québec  
Quebec Library Association

**The Quebec Library Association**  
**P. O. BOX 26717 CPS Beaconsfield**  
**Beaconsfield QC**  
**H9W 6G7**

**MEMBERSHIP FORM - 2018**

**A. CATEGORIES**

**I. Personal Member**

	<b>Fee</b>	
Student (in a library and information program)	<b>Free</b>	<input type="checkbox"/>
Unsalariated, volunteer	<b>\$30</b>	<input type="checkbox"/>
Retired	<b>\$50</b>	<input type="checkbox"/>

**According to Salary:**

\$25,000 or less	<b>\$50</b>	<input type="checkbox"/>
\$25,001 - \$45,000	<b>\$85</b>	<input type="checkbox"/>
\$45,001 - \$60,000	<b>\$105</b>	<input type="checkbox"/>
\$60,001 - \$75,000	<b>\$115</b>	<input type="checkbox"/>
\$75,001 and over	<b>\$125</b>	<input type="checkbox"/>

**II. Institutional Member**

\$160

\_\_\_\_\_  
Name of delegate / voting member

Please make your cheque payable to:  
**"ABQLA"**  
and return it along with this membership form to:  
**ABQLA**  
**PO 26717 CPS Beaconsfield**  
**BEACONSFIELD QC H9W 6G7**

**B. INTEREST**

College & Research    
  Public    
  Children & Youth    
  School    
  Cataloguing & Technical Services

**C. ADDRESS** (Members-only access to online directory -- no print copies available)

**WORK:**

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Department / Library

\_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City, Province & Postal Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
FAX

**HOME:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City, Province & Postal Code

\_\_\_\_\_  
Telephone

E-Mail: \_\_\_\_\_

**Students** must provide proof of status, please send a digital copy of your student card to [abqla@abqla.qc.ca](mailto:abqla@abqla.qc.ca).  
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