

Annual Membership Form (365 days)

A. Categories

Individual Membership

Student (in an LIS program) Free

School _____

Student no. _____

Unsalaries, volunteer \$30

Retired \$50

By Salary:

\$25,000 or less \$50

\$25,001-\$45,000 \$85

\$45,001-\$60,000 \$105

\$60,001-\$75,000 \$115

\$75,001 and over \$125

Institutional Membership \$160

Name of delegate

Email of delegate

Please make your cheque payable to:

ABQLA

and return it with this form to:

ABQLA
CP 26717, CPS Beaconsfield
Beaconsfield, QC H9W 6G7

B. Interests

College and Research Public Youth School Cataloguing & Technical Services

C. Contact Information

Name: _____ Job title: _____ Employer: _____

Mailing address: _____

Email address: _____ Telephone: _____

Do you require a receipt? Yes No