

Annual Membership Form (365 days)

A. Categories

Individual Membership

Student (in an LIS program) Free ☐

School _____

Student no. _____

Unsalariesd, volunteer ☐

Retired \$50 ☐

By Salary:

0 \$ - 24,999 \$ \$60 ☐

25,000 \$ - 49,999 \$ \$95 ☐

50,000 \$ - 74,999 \$ \$115 ☐

75,000 \$ - 89,999 \$ \$135 ☐

90,000 \$ and over \$145 ☐

Institutional Membership \$180 ☐

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

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