

 **CTLA MEMBERSHIP FORM** 

New First-Time Membership  *or* Renewal --Last Year of Membership \_\_\_\_\_  
Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Unpublished Number? Yes No  
School or Department: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
School Phone: \_\_\_\_\_ School FAX: \_\_\_\_\_  
E-mail: \_\_\_\_\_ G. S. R.: \_\_\_\_\_  
Current position: circle one  
teacher-librarian classroom teacher administrator retired other: \_\_\_\_\_  
 1 Year (\$10) *or*  2 Years (\$20) ~  Cash *or*  Check--# \_\_\_\_\_ ~ Date: \_\_\_/\_\_\_/\_\_\_

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