**International Association of School Librarianship**

**PO Box 684**

**Jefferson City, MO 65102**

**USA**

Email: [iasl@c2cpro.solutions](mailto:iasl@c2cpro.solutions)

Fax: +1.573.635.2858

Web: www.iasl-online.org/

**IASL Membership Payment Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of membership and geographic zone for which you are paying:**

(Information about membership geographic zones available at <https://iasl-online.org/member_info.html>

Association /Institution, Zone A ($200) Zone B ($120) Zone C ($40)

|  |
| --- |
|  |

Individual/personal, Zone A ($100) Zone B ($60) Zone C ($15)

Retiree, Zone A ($30) Zone B ($15) Zone C ($10)

Student, Zone A ($30) Zone B ($15) Zone C ($10)

(Students, please provide copy of student enrollment verification)

Individual Life Membership ($2,000)

**Total amount, payable in US$: \_\_\_\_\_\_\_\_\_\_**

**Payment selection:**

**Credit Card** (please complete below, save form to your local hard drive, and email to [iasl@c2cpro.solutions](mailto:iasl@c2cpro.solutions), or fax to 1-573-635-2858.

VISA/MasterCard/Discover American Express Card number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp. Date (mm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card security code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BILLING INFORMATION**

Billing Address 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Electronic/wire transfer (Please contact [iasl@c2cpro.solutions](mailto:iasl@c2cpro.solutions) for bank information)

Check or international check in United States Dollars drawn against a USA bank

(Make checks payable to: International Association of School Librarianship and mail to address at top right)

**Thank you for your payment! We appreciate your support of IASL.**