



# AMERICAN ASSOCIATION of LAW LIBRARIES

## APPLICATION FOR SIS MEMBERSHIP

You must be a current AALL member in order to join one of its Special Interest Sections (SIS).

AALL Member ID: \_\_\_\_\_

Full Name (include Mr./Mrs./Ms.): \_\_\_\_\_

## SPECIAL INTEREST SECTION MEMBERSHIP SIS Membership(s): \$20 each; check each SIS you wish to join

- |   |   |
|---|---|
| <input type="checkbox"/> Academic Law Libraries                     | <input type="checkbox"/> Online Bibliographic Services            |
| <input type="checkbox"/> Computing Services                         | <input type="checkbox"/> Private Law Libraries                    |
| <input type="checkbox"/> Foreign, Comparative and International Law | <input type="checkbox"/> Research Instruction and Patron Services |
| <input type="checkbox"/> Government Documents                       | <input type="checkbox"/> Social Responsibilities                  |
| <input type="checkbox"/> Legal History and Rare Books               | <input type="checkbox"/> State, Court, County Law Libraries       |
| <input type="checkbox"/> Legal Information Services to the Public   | <input type="checkbox"/> Technical Services                       |
| <input type="checkbox"/> Micrographics and Audiovisual              |   |

## PAYMENT INFORMATION

Total Amount Enclosed \$: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Check Enclosed   | Cardholder Name (please print): _____   |
| <input type="checkbox"/> VISA             | Card Number: _____  |
| <input type="checkbox"/> Mastercard       | Exp. Date: ___ ___ / ___ ___ CVV Number: ___ ___ ___ (* 3 digits for Mastercard and Visa) |
| <input type="checkbox"/> American Express | Signature: _____  |
|   | Date: _____   |

**Please remit to:  
94340 Eagle Way • Chicago, IL 60678-9430  
Tel. 312.939.4764 • Fax 312.431.1097**