



A Chapter of the American Association of Law Libraries

APPLICATION FOR MEMBERSHIP
Membership year is January – December 31st

Name: _____

Title/Position: _____

Employer/Organization: _____

Street Address: _____ Suite/Floor/Room: _____

City, State, Zip Code: _____

Office Phone Number: _____ Fax Number: _____

Email Address: _____

Address for Mail (if different from above): _____

Renewal? Yes / No

Are you a member of AALL? Yes / No
(for internal use and to share only with AALL)

Organization Type (Please circle):

Law Firm Academic Independent
Corporate Government Other _____

Membership Category (check one):

Individual Member \$25 ____
Associate Member \$10 ____
Student Member \$10 ____

Optional Donation to SNELLA Scholarship Fund: _____

Total Enclosed: \$ _____

Make check payable to: **Southern New England Law Librarians Association**

Mail to: Jennifer Bernier
SNELLA Treasurer
21 Jolin Lane
Colchester, CT 06415