# CLAO MEMBERSHIP FORM

***If you have renewed, wonderful! Thank you for continuing to support the work of CLAO. Please pass on this membership form to someone you know.***
***Arthyr McCLelland, President***

1. **Fill out the entire form.**
2. **Write out a $20 cheque to Church Library Association of Ontario**
3. **Mail the entire form and payment to:**
   **CLAO Membership Secretary, 603-155 Navy St. Oakville, ON L6J 2Z7**

**Personal Membership**

**A. MEMBER NAME: _____**

**ADDRESS: _____ APT. _____**

**CITY/PROV: _____ POSTAL CODE: _____**

**TELEPHONE: _____ E-MAIL: _____**

**B. CHURCH NAME: _____DENOMINATION:_____**

**CHURCH ADDRESS: _____**

**CITY/PROV: _____ POSTAL CODE: _____**

**TELEPHONE: _____ E-MAIL: _____**

**C. CHURCH LIBRARIAN'S NAME: (If different from above) _____**

**TELEPHONE: _____ E-MAIL: _____**

**PLEASE CIRCLE YOUR PREFERRED METHOD TO RECEIVE CLAO MAILINGS:**

**1. Personal Address 2. Church Address 3. Personal Email 4. Church Email**

**D. PLEASE COMPLETE THE FOLLOWING SO WE CAN SERVE YOU BETTER.**

**Congregation Size: _____ members**
**Number of Library Helpers: _____ (including yourself)**
**Library Size: _____ books (approximately)**
**_____ other holdings (DVDs, CDs, etc.)**

**I am working towards a Foundations Certificate (library training program). Yes ☐ No ☐**

**I am a participant in the CLAO listserv (on-line church librarian bulletin board). Yes ☐ No ☐**

**I am interested in the following topics at conferences or in *Library Lines*.**

_____

_____

**I would be interested in volunteering for: (conference workshops, Executive, committees, other)**

_____

**I would like to make the following suggestions as to ways in which CLAO may better serve me.**

_____