



**The Black Caucus of the American Library Association  
Connecticut Affiliate**

**2017 Membership Form**

Please PRINT. Fill out the application COMPLETELY. DO NOT ABBREVIATE.

MEMBERSHIP: New Member [ ] Renewal [ ] DATE \_\_\_\_\_

Name \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Institution \_\_\_\_\_

Title \_\_\_\_\_ Professional [ ] Paraprofessional [ ]

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-MAIL Address \_\_\_\_\_  
(Automatically added to BCALA-CT E-mal list)

**Membership Year is January thru December. Dues are payable in U.S. Bank Check or Money Order to BCALA – CT.**

MEMBERSHIP TYPE: [ ]Library Organization \$100.00 [ ]Library Employee \$20.00 [ ]Non-Library Organization \$150.00  
[ ]Friend of BCALA-CT \$ 35.00 [ ]Lib. Ph.D Student \$10.00 [ ]MLS Student 4.00

LIBRARY AFFILIATION: [ ]Academic [ ]Government [ ]Public [ ]School [ ]Board/Trustee  
[ ]Special [ ]Retired [ ]Publishing [ ]Lib. Student \_\_\_\_\_  
School Name

WOULD YOU LIKE TO JOIN? (please check) or CONTRIBUTE TO? (fill in dollar amount)

<input type="checkbox"/> Program Committee	\$ _____ Program Fund
<input type="checkbox"/> Membership Committee	\$ _____ Recruitment Fund
<input type="checkbox"/> Dr. Spencer G. Shaw Scholarship Committee	\$ _____ Dr. Spencer G. Shaw Scholarship Fund
<input type="checkbox"/> Nominating Committee	

TOTAL Enclosed: \$ \_\_\_\_\_

Please note: Dues must be paid for calendar year in which committee member wishes to serve.

PLEASE RETURN FORM TO:  
**Blanche Parker**  
BCALA-CT Affiliate  
37 Grandview Avenue  
Norwalk, CT 06850