



Application for Local Affiliation with PSLA

Name of Affiliate Organization _____

Location or Region Represented _____

Contact information to be used for PSLA website and publications

Name _____

Title or Office _____

Phone _____ Email _____

Are at least 50% of your membership members of PSLA? ____ Yes ____ No

Please submit the following documents:

1. List of officers including contact information and terms of office
2. Name, address, email, phone number of the editor of the organization's communication tool
3. Name, address, email, phone number of the organization's representative to the PSLA Advisory Council
4. Membership roster indicating which members also belong to PSLA
5. Calendar of events for the organization
6. Copy of the organization's constitution and/or bylaws
 - Initial application must include these documents
 - Reaffiliation application must include these documents only if amended

As the executive officer of the above-named organization, I affirm that our board or operating committee has reviewed the policy for affiliation with the Pennsylvania School Librarians Association and that we agree to abide by the policy.

Signature

Office/Title

Date

Amended, June 15, 2020