



CHURCH AND SYNAGOGUE LIBRARY ASSOCIATION
501(c)(3) Tax Deductible Organization

MEMBERSHIP APPLICATION

To join CSLA, please **print**, fill in and mail this form. Don't forget to include a check, money order or Visa/ MasterCard information for your total dues and contributions to:

CSLA
10157 SW Barbur Blvd #102C
Portland OR 97219-5957

Please send CSLA mail to my: Home ____ Congregation ____ E-mail ____ (check one)

Please send information about the nearest CSLA Chapter: Yes ____ No ____

Name _____

Address _____

City _____ State/Province ____ Zip+4/Postal Code _____

Congregation _____

Address _____

City _____ State/Province ____ Zip+4/Postal Code _____

Home Phone _____ Congregation Phone _____

Fax _____ E-mail _____

For Student Membership

Name of School _____ Expected Graduation Date _____

Check membership desired. Membership period is January 1 to December 31.

____ Individual - \$50

____ Individual Canadian - \$55 US

____ Congregational* - \$70

____ Canadian/International* - \$75 US

____ Affiliate* - \$100

____ Student - \$20

____ Contribution to Friends of CSLA Fund \$ _____

Total Enclosed \$ _____ (Note: \$15 charge for returned checks)

Visa/MasterCard # _____ Security # _____ Expiration Date _____

3-digit # on back of card

* Duplicate this form to add up to three individuals to your **Congregational** or **Affiliate** membership as desired, for free.