

Catholic Library Association—Western New York Chapter

New Membership Registration

Date	_____			
Name	_____			
Home Address	_____			
City/Town	_____ Zip Code	_____ Phone	_____	
Your Email Address	_____			
Institution/Library	_____			
Institution Address	_____			
City/Town	_____ Zip Code	_____ Phone	_____	
Where should we send mailings?	Home	_____	Work	_____

Please indicate a Library Section Interest:

Elementary_____ High School_____ Academic_____ Public_____ Paris_____ Other_____

Membership is \$10 per year.

Please make your check out to WNY/CLA and mail to:

Sister Bernadette Okulicz
St. Francis High School Library
4129 Lake Shore Road
Hamburg, NY 14075