

**LIBRARY ASSOCIATION OF THE CITY UNIVERSITY OF NEW YORK
MEMBERSHIP FORM**

Date (Month, Year): _____

NAME: _____

TITLE: _____

COLLEGE: _____

EMAIL ADDRESS: _____

**Membership dues for current academic year (August-July) should be paid no later than
December 31.**

Please check the appropriate category:

___ Full Member \$20.00 ___ Associate Member \$10.00

Full Membership: Membership is also open to anyone on the staffs of the City University libraries who has a Master's degree in educational technology or a master's degree in computer science, and to anyone on the staffs of the City University who has a master's degree in library science from an accredited institution.

(LACUNY Constitution, Article III, Section 1)

Associate Membership: All non-faculty library employees and others employed in library service in the City University of New York including retirees, high school teachers affiliated with the City University of New York, library/information science students attending Queens College Graduate School of Library and Information Studies, and library/information science students employed at a City University library.

(LACUNY Constitution, Article III, Section 2.)

Print this form and make your check payable to LACUNY.

Give it to your campus **DELEGATE** or send it directly to:

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