

# AISL

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Association of Independent School Librarians

## AISL Membership Application 2009-10

**THIS FORM MUST ACCOMPANY YOUR CHECK!!!**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

E-Mail \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_

State/Region \_\_\_\_\_ Zip code \_\_\_\_\_

Country \_\_\_\_\_

Office Phone # \_\_\_\_\_

Do you wish to be included in the AISL Listserv? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Mail this form with a \$20.00 check made out to AISL to:**

Melinda Holmes  
Darlington School  
1014 Cave Spring Road  
Rome, GA 30161

Please direct any questions to Melinda Holmes, AISL Treasurer.h  
[meholmes@darlingtonschool.org](mailto:meholmes@darlingtonschool.org)