



Association of
Seventh-day Adventist Librarians

Membership Form

Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other:	
Last Name:	First Name:
Preferred Name:	
Email address:	
Position:	
Library:	
Institution:	
Phone Number:	Extension:

Membership Information

Dues Schedule: (Includes <i>ASDAL Action</i>)		
<input type="checkbox"/> Regular Membership USD \$25.00	<input type="checkbox"/> Student Membership USD \$10.00	<input type="checkbox"/> Retiree Membership USD \$10.00

ASDAL's membership year is April 1 to March 31 and membership dues are due in April.

Please make your check payable to ASDAL and return this form to:

Neal Smith, ASDAL Treasurer
AdventHealth University
671 Winyah Dr.
Orlando, FL 32803 USA
Email: treasurer@asdal.org

If you have any questions regarding membership, please reach out to the Membership Coordinator at asdalmembershipcoordinator@gmail.com.