

**CHICAGO ASSOCIATION OF
LAW LIBRARIES**

A Chapter of AALL, Established 1947
INVOICE FOR 2009-2010 DUES
Beginning June 1, 2009



See reverse for fee schedule
and payment information

Please clearly indicate any changes on this form.

Membership Type: _____

EMPLOYER ADDRESS:

_____ Title

_____ Company

_____ Street Address

_____ Phone Number Fax Number

_____ E-mail Address

HOME ADDRESS:

_____ Home Address

_____ City State ZIP

_____ Phone Number

<p>I prefer to receive mail at my:</p> <p><input type="checkbox"/> Employer Address <input type="checkbox"/> Home Address</p> <p>Please list this address in the directory:</p> <p><input type="checkbox"/> Employer Address <input type="checkbox"/> Home Address</p>
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Which of these job roles do you perform? (Check no more than three)

- | | | |
|---|--|--|
| <input type="checkbox"/> Head Librarian | <input type="checkbox"/> Interlibrary Loan | <input type="checkbox"/> Technical Services |
| <input type="checkbox"/> Acquisitions | <input type="checkbox"/> Online Databases | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Circulation | <input type="checkbox"/> Reference | <input type="checkbox"/> Training/Professional Development |
| <input type="checkbox"/> Government/Legislative Documents | <input type="checkbox"/> Tax | |

I am a member of (mark each that applies): _____ **AALL** _____ **ASIS** _____ **SLA**

<p>CALL will automatically add your name to our listserv in order to convey information more readily. Check the box at right if you choose NOT to be on the listserv. <input type="checkbox"/></p> <p>CALL may sell its mailing list of members to vendors or products of interest to law librarians. Check the box at right if you DO NOT want your name on such lists. <input type="checkbox"/></p>

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