

Chicago Teacher-Librarians Association Membership Info.

JOIN THE CHICAGO TEACHER-LIBRARIANS ASSOCIATION ~
PROFESSIONAL NETWORKING FOR PROFESSIONAL GROWTH

We welcome your membership in this association dating back about 65 years. C.T.L.A. emphasizes K-8 curriculum and works closely with the CPS Dept. of Libraries and Info. Services to complement their activities, however, we are independent of CPS. Our C.T.L.A. information website address is: **www.ourctla.org** C.T.L.A. has monthly meetings, usually for breakfast on Saturday mornings. Membership is for the school year. Dues are \$10 for one year or \$20 for two years. Our website lists our membership with school/office information only, plus up-to-date meeting schedules, minutes, finances, news, photos, links, and contact info. All members receive C.T.L.A. correspondence mailed to their home address. Your membership term will be stated on your mailing label. The deadline for membership renewal is our October meeting. After this time, members who have not renewed will become inactive and will not receive our mailings.

Current members are honored at our annual luncheon when retiring by notifying the President. Membership is not limited to librarians, but also extends to classroom teachers, special program teachers, administrators, and library science students. Non-members who attend meetings will be asked to pay their portion of meeting costs, unless waived by the Pres. or V. P.

Please complete the form below and mail with your check (payable to C.T.L.A.) to Charles Gunn, our Membership Secretary. This form is also available for download or on-line entry on our website. Please check for accuracy, especially area, general services route, and e-mail address.

Charles Gunn
828 S. Ada St.
Chicago, IL 60607-4105

or

Charles Gunn
Irving Elementary School
G. S. R. 38

CTLA MEMBERSHIP FORM

New First-Time Membership or Renewal --Last Year of Membership _____

Name: _____

Home Address: _____ Apt. # _____

City, State & Zip: _____

Home Phone: (_____) _____ Unpublished Number? Yes No

School or Department: _____

Work Address: _____ Zip: _____

School Phone: _____ School FAX: _____

Cluster: __ Area: __ G. S. Route: __ E-mail: _____

Current position: circle one

teacher-librarian classroom teacher administrator retired other: _____

1 Year (\$10) or 2 Years (\$20) ~ Cash or Check--# _____ ~ Date: ___/___/___