

Announcing a New Organizational Membership Structure



SLA
Connecting Information
Professionals

Please complete and return this page to Membership@sla.org to signify your commitment to SLA
as an Organizational Member.

We will be in touch soon to gather additional details.

We look forward to activating the memberships within your organization.

Primary Contact Name: _____

Company Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Phone: _____

Secondary Contact Name: _____

Email: _____

Title: _____

Phone: _____

Level of Membership

Bronze Silver Gold

Method of payment

Check/Wire:

A Check, made payable to SLA, is being sent.

Check Number: _____

Wire/EFT information available on request.

Credit Card:

AmEx Visa Mastercard Discover

Card Number: _____ **Exp. Date:** _____

Name on card: _____

Signature: _____