All prospective members of LLAM are required to complete this registration form. Indicate any changes; Membership runs from June 1st-May 31st.   
  
  **NEW MEMBERSHIP  RENEWAL  CHANGES FOR**

**SECTION 1: MEMBER CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **TITLE** | **Mr** **Mrs** **Miss** **Ms** | | |
| **NAME** |  | | |
| **ADDRESS 1** |  | **MAIN TELEPHONE** |  |
| **ADDRESS 2** |  | **WORK TELEPHONE (if different)** |  |
| **ADDRESS 3** |  | **HOME TELEPHONE** |  |
| **TOWN/CITY** |  | **MOBILE PHONE** |  |
| **ZIP CODE** |  | **PRIMARY EMAIL** |  |
| **JOB TITLE:** |  | **SECONDARY EMAIL** |  |

**\*Star the e-mail and phone number you would like listed in the directory**

**SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **MEMBER TYPE** | **DESCRIPTION** | **MEMBERSHIP DUES (Annual)** | **Please Check** |
| **FULL** | Full Membership | $20. |  |
| **STUDENT/RETIRED** | Full time students and Retired Members | $10 |  |
| **ASSOCIATE** | Associate membership is open to all who share LLAM’s objectives or wish to help advance them but cannot become full members (restricted from voting, holding office or chairing committees) | $20 |  |
| **INSTITUTIONAL** | Institutional Membership is open to institutions working in the legal field. Membership allows transfer of membership to replacement personnel. | $20 per member |  |
|  | For Membership descriptions see website http://abc.org/admi/bylaw/ |  |  |
| **PAYMENT METHOD** | Institutional Check  Personal Check  Online Payment |

**SECTION 3: MEMBER INFORMATION**

|  |
| --- |
| **OCCUPATION /JOB TITLE:** |
| **Member AALL:**  Yes  No Would you like to receive AALL membership information? **:**  Yes  No |
| **Member other library organization? Check all that apply.**  SLA  MLA  Other |
| **Do you subscribe to the LLAM listserv? Y** or **N**  If no, would you want to be subscribed? (provide e-mail address if not listed) |
| **Does your library participate in Interlibrary Loan?**  Yes  No |
| Please indicate if you would be willing to **serve on a chapter committee**:  Yes  Not at this time    Is there a specific committee you would like to serve on? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Committees are listed at http://abc.org/officers/committees/ ) |
| **Permission to use photographic images**:  Photographs of LLAM members may be used in various LLAM communications incl. the newsletter and website. Group photographs taken at LLAM events may be used without identifying individual members. For individual photographs, please indicate your permission for use:  \_\_\_\_\_ LLAM has my permission to use and identify photographs of me.  \_\_\_\_\_ LLAM does not have permission to use and identify photographs of me.  \_\_\_\_\_ LLAM must contact me before using any identified photographs of me in LLAM communications. |

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To pay online:** Go to http://abc.org/interact/join/

**To pay by check:** Send a check made payable to LLAM to Patricia Behles, University of Baltimore Law Library, 1401 N. Charles St., Baltimore, MD 21201, Phone 410-837-4583, Fax 410-837-4656.

Regardless of payment method used, please **make sure to send a copy of your membership form** to abc@ubalt.edu