SAIL

South Jersey Alliance of Independent Libraries

Connecting Camden and Burlington County Independent, Municipal Libraries

Membership Form

Date: _____

Library: _____

Mailing Address: _____

_____

Phone: _____

Website: _____

Fax: _____

Social Media Handles: _____

(optional)

Official Representative:

(Note: This is the individual authorized to pay invoices and to vote on behalf of the organization)

Name: _____ Phone: _____

Title: _____ Email: _____

Official Representative Alternate:

Name: _____ Phone: _____

Title: _____ Email: _____

Questions about membership?

Contact SAIL at SAIL@njlibraries.org

Thank you for your SAIL membership!