Name of School, Public Library, or Home School Assn: __________________________

Contact Person (don’t forget entity name above):
Position: __________________________ Email: __________________________
Grades (if applicable): __________________________ Phone: __________________________
School District or Public Library System: __________________________
P.O. Box or Street Address: __________________________
City: __________________________ County: __________________________ Zip: __________________________

Registration Fee: $15.00 per library (No purchase orders accepted; payment must accompany order.)
(Place X in front of New or Renewal) ____ New ____ Renewal AMOUNT PAID: __________

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**Signature**

**Title**

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**Make CHECKS payable to Texas Library Association.** If you have any questions please contact: Kelly Mantay at [kellym@txla.org](mailto:kellym@txla.org)

**RETURN TO:**

Texas Library Association
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