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

Contact Person (don’t forget school, library or group 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: $20.00 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
3420 Executive Center Drive, Suite 301
Austin, TX 78731