



ASSOCIATION OF SPECIAL LIBRARIES OF THE PHILIPPINES

The National Library of the Philippines

T.M. Kalaw St., Ermita, Manila 1000

https://aslplibrarians.org

INDIVIDUAL MEMBERSHIP

NAME: _____
(Surname) (FirstName) (Middle Name)

PRC License Number : _____ **Expiration Date :** _____

Institution : _____

Institution Address: _____

Position/Designation: _____

Email address: _____ **Telephone/Mobile Number:** _____

Educational Attainment:

Degree	University	Year Graduated
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of Individual Membership (please check) :

Regular Member*

Associate Member**

___ **New**

___ **New**

___ **Renewal**

___ **Renewal**

* Regular Members are professional librarians or college degree holders with at least eighteen (18) units in Library Science or Information Science working in special libraries

** Associate Members are individuals working in special libraries without the required library science units

Date : _____

NOTES :

Individual members will be part of a national library association that uphold the dignity of the library profession, provide continuing education programs for librarians, and encourage establishment of special libraries. They will also have an opportunity to establish linkages and networks with other librarians. Aside from these, they get discounted rates on ASLP seminars/fora/conference and regular members have the right to elect and be elected upon into office as officer or member of ASLP Board.

Scanned copy of your Official Receipt and soft copy of your Certificate of Membership will be sent through e-mail within 1 week. Hard copies will be sent within 2 weeks **upon request and payment of P100.00 delivery charge.**

Payment [P300.00 annual membership fee **plus** P100.00 delivery charge (if applicable)] may be deposited to ASLP's bank account:

Account Name: Association of Special Libraries of the Philippines
Savings Account No.: 1771-0359-70
Bank: Land Bank of the Philippines
Branch: BSP Branch, Mabini St., Manila

Please send the scanned copy of the deposit slip with this Membership Form through e-mail at aslplibrarians@gmail.com

(to be filled out by the Treasurer)

Official Receipt Number _____

Date _____