

LONG ISLAND LIBRARY RESOURCES COUNCIL
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2012 RETIRED LIBRARIAN MEMBERSHIP

Name _____

Address

(please list full address and extended zip)

Phone _____ Fax _____ E-mail _____

Retired from: _____

I wish to serve on the Retired Librarians Committee _____(Yes)

(signature)

(date)

The Retired Librarian membership includes:

- Member rates to LILRC Continuing Education Programs
- LILRC Newsletter

Retired Librarian Membership Fee: \$40.00