

Application for Recertification

Personal Information

I am not a member of ALA

I am a member of ALA and my Member ID is:

First Name

Middle

Last Name

Organization/Firm

Organization's General Phone Number

Your Title

Working:

Full-time

Part-time

Address 1

Address 2

City

State/Province

Zip/Postal

Country

Business Phone

Home or Cell Phone

Fax

Email

Preferred Mailing Address

Same address as above

Choice 2

Required fields*