



Membership Form

_____ Professional Membership (\$15.00)

_____ Student Membership (\$10.00)

Personal Information

Name _____

Library _____

Position _____

Contact Information

Street Address _____

City, State Zip _____

Phone # _____

E-Mail Address _____

Please make checks payable to **BAYA**.

Send completed membership forms and dues to:

Beth Wrenn-Estes

1563 136th Avenue

San Leandro, CA. 94578