



2020 CSLP

Membership Registration and Manual Order

Our library elects to become a member of the Collaborative Summer Library Program (CSLP) for the 2020 program year. We understand that our annual membership base fee will be \$20* (for standalone library) plus \$2 for any branch libraries for the 2020 *Imagine Your Story* program. With our participation we will assume voice and vote to be represented by our CSLP state representative and have the ability to purchase incentives from the CSLP vendor.

Shipping & Billing Address:

Library: _____

Contact Person: _____ Signature: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: (____) _____ - _____ ext. _____

E-Mail: _____

**(Annual membership for a standalone library is \$20; if you are system library the charge is \$20 base plus \$2 for each branch.)*

The manual can be purchased in several formats. Paper with DVD for graphics & reproducibles; DVD version; USB version; or on-line version. Please indicate the number of manuals and the format your library would like to order. All manual kits contain early literacy, children's, teen, and adult manuals and the accompanying graphics:

Qty		Unit Price	Total
___	Complete paper manuals with graphic DVDs	@ \$20.00 each	\$ _____
___	Manual & all graphics on DVD only	@ \$10.00 each	\$ _____
___	Manual & all graphics on USB only	@ \$10.00 each	\$ _____
___	Manual & all graphics On-Line with code	@ \$ 8.00 each	\$ _____

2020 annual membership base fee of \$20 (for stand-alone and/or main library) \$ _____

___ Number of branch locations in our system for 2020 annual fee of @ \$2 each \$ _____

Charge our credit card Invoice my library **TOTAL DUE** \$ _____

We accept : Visa MasterCard Discover

Credit Card number: _____ Exp. Date: ____/____ CVC _____

Name that appears on the card: _____

Billing Address (if different from above) _____

City: _____ State: _____ Zip: _____

Card Signature: _____

Please return this form by mail, fax or e-mail to: **CSLP, 953 6th Place SE, Mason City, IA 50401-5261**
1-641-424-5120 (fax); or karen.day@cslpreads.org

If you have questions, please call the CSLP office at: **1-866-657-8556**

For CSLP office only - Approved web log in _____

Invoice No: _____

Invoiced ____ CC Charged ____ Shipped ____