

TriState Young Adult Review Committee
Membership Application
(Please print or type)

Name: _____

Place of work: _____

Address: _____

City: _____

State: _____

Zip: _____

School phone: _____

School email: _____

Home address: _____

City: _____

State: _____

Zip: _____

Home phone: _____

Home email: _____

College for Bachelor's Degree(include year) _____

College for Master's Degree (year) _____

Area of specialization _____

Why would you like to join? _____

Where did you learn about our group? _____

Previous book reviewing experience or courses in reviewing? _____

General comments: _____

Can anyone on the committee recommend you? _____yes _____No Name _____

Statement of Purpose:

Commitment to upgrading the quality of educational materials.

Seriousness of purpose, is an apt descriptive phrase of the reviewers intent.

Because our reviewers go to the publishers, (and hence to the author), and are utilized as the basis for purchase by other librarians, it is important that we not be frivolous in our examination of someone's text. It is also in our self interest to do our job well, in order to keep those books coming from the publishers.

All membership applications are a group decision. You will be notified of the ddecision.

Please fill out and return to:

Linda McNeil