

**Liaison Application Form (AFAS)**

**Liaison to The Association for Study of Afro-American Life and History ([ASALAH](#))**

*ACRL Council of Liaisons*

Application submitted by: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Signature of AFAS Chair \_\_\_\_\_

1. Are you a current member of ACRL? How long have you been a member of ACRL? Describe the activity you have had in ACRL.
2. Are you a current AFAS member? Describe the activity you have had in AFAS.
3. Please describe your content knowledge in the area of focus of target organization and indicate if you have an advanced degree of specialization in the organizations's (ASALAH) area of focus or any additional expertise or education relevant to the application.
4. What is your level of activity with the organization, using such quantifiable measurements as committee appointments, attendance at conference, papers presented, articles published, and leadership positions held (i.e. has the individual actively participated in and influenced the work of the association)?
5. Please provide guidance of your ability to identify the needs of the liaison organization and articulate a way in which librarians, libraries, and/or ACRL can assist the organization, keeping in mind and linking to [ACRL's vision and strategic objectives](#).