

Michigan Library Association Individual Membership Form



Please note any changes or corrections on this form and return with your dues payment. You may join/renew online at: <https://www.milibraries.org>.

A. INDIVIDUAL MEMBER INFORMATION

Last Name: _____ First Name: _____ Title: _____
 Phone: _____ Home Work Library: _____ Fax: _____
 Preferred Address: _____ Home Work
 City: _____ State: _____ Zip: _____
 Email: _____

B. LIBRARY/ORGANIZATION TYPE

Academic Cooperative K-12 Public Special

C. PRIMARY OCCUPATIONAL AREA

Please check ONE.

- Acquisitions
- Administrative Services
- Cataloging
- Children's Services
- Circulation
- Collection Development
- Director/Dean
- Friends
- Human Resources
- Information Technology
- Instruction
- Manager/Dept. Head
- Marketing
- Media Specialist
- Outreach
- Paraprofessional
- Reference
- Student
- Support Staff
- Technical Services
- Teen Services
- Trustee

D. AREAS OF INTEREST

Please check ALL areas in which you are interested.

- Advocacy
- Career Development
- Change Management
- Collection Development
- Distance Learning
- Diversity
- Education Curriculum
- Fundraising
- Government Documents
- Information Literacy
- Intellectual Freedom
- Leadership
- Library Finance/Budgeting
- Marketing/Public Relations
- Patron Services
- Personal Development
- Programming
- Reference
- Rural & Small Libraries
- Serv. to Special Populations
- Strategic Planning
- Technology
- Youth Services
- Other _____

E. MEMBERSHIP DUES

- Affiliated Individual\$ 85.00 _____
- Unaffiliated Individual\$170.00 _____
- Affiliated Trustee\$ 50.00 _____
- Unaffiliated Trustee.....\$100.00 _____
- Student\$ 40.00 _____
- Retiree\$50.00 _____

Unaffiliated Deans and Directors, please visit MLA's website at <https://www.milibraries.org> or call 517-394-2774 for information regarding dues levels.

Donation to an MLA FUND:

Education Fund: _____

Advocacy Fund: _____

Intellectual

Freedom Fund: _____

F. PAYMENT INFORMATION

Charge to:

VISA MasterCard Discover

Please make checks or money orders payable to: **Michigan Library Association.**

Card number: _____ Exp. Date: _____

Authorized Signature: _____ Security Code: _____

TOTAL: \$ _____

Return completed form and payment to:
Michigan Library Association
3410 Belle Chase Way, Ste. 100
Lansing, MI 48911
Fax: 517-394-2675