Michigan Library Association Organizational Membership Form



Please note any changes or corrections on this form and return with your dues payment.

ORGANIZATIONAL MEMBER INFO	RMATION			
Organization:				
Library Director/Organizational Representat	ive:			
Address:				
City:		_State:	Zip:	
Email:				
		Website:		
LIBRARY/ORGANIZATION TYPE ☐ Academic ☐ Cooperativ				
ORGANIZATIONAL DUES BASED ON OPERATIONAL EXPENSE BUDGET				
\$ 50,000 or less \$ 50,001 to \$ 75,000 \$ 75,001 to \$ 112,500 \$ 112,501 to \$ 168,750 \$ 168,751 to \$ 253,125 \$ 253,126 to \$ 379,688 \$ 379,689 to \$ 569,531 \$ 569,532 to \$ 854,297 \$ 854,298 to \$ 1,281,445 \$ 1,281,446 to \$ 1,922,168	Dues \$ 117.87 \$ 176.80 \$ 225.02 \$ 287.16 \$ 366.46 \$ 467.18 \$ 595.76 \$ 759.70 \$ 968.64 \$ 1,234.38	\$ 1,922 \$ 2,883 \$ 4,324 \$ 6,487 \$ 9,730 \$ 14,596 \$ 21,894 \$ 32,842	Budget Range 169 to \$ 2,883,252 ,253 to \$ 4,324,878 ,879 to \$ 6,487,317 ,318 to \$ 9,730,975 ,976 to \$ 14,596,463 ,464 to \$ 21,894,695 ,696 to \$ 32,842,042 ,043 to \$ 49,263,063 ,064 to \$ 73,894,594	\$ 2,006.94 \$ 2,558.76 \$ 3,262.74 \$ 4,160.66 \$ 5,303.98 \$ 6,763.36 \$ 8,622.43
DONATION TO AN MLA FUND Advocacy Fund: Education Fund: Intellectual Freedom Fund:				
PAYMENT INFORMATION Please make checks or money orders pays Charge to: VISA MasterCard	☐ Discover		Tot	tal_\$
	Exp. Date: Security Code:			

 $Return\ completed\ form\ and\ payment\ to:$