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

Donation to an MLA FUND:

Education Fund: ____________

Advocacy Fund: ____________

Intellectual Freedom Fund: ____________

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

F. PAYMENT INFORMATION

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

Charge to:

□ VISA □ MasterCard □ Discover

Card number: ___________________________ Exp. Date: ___________________________ Return completed form and payment to:

Authorized Number: ___________________________ Security Code: ___________________________ Michigan Library Association

3410 Belle Chase Way, Ste. 100

Lansing, MI 48911

Fax: 517-394-2675

TOTAL: $