ARKANSAS LIBRARY ASSOCIATION
2016 MEMBERSHIP FORM

Last Name: _____ First Name: _____ MI: _____

Position: _____ Place of Employment: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Preferred Mailing Address ☐ Home ☐ Work E-Mail: _____

Telephone: _____ _____
Work # Home #

☐ New, First Time Member (*) ☐ Renewal ☐ Former Member

Arkansas Libraries journal (please check one): Electronically _____ Printed Format_____
(will be sent to email address provided)

Do not include information in the above you do not want published in the online directory.
Register online at www.arlib.org (Credit Card Payment through Pay Pal)

NOTE: Annual Dues are based on membership renewal month. Reminder notices will be sent via email.

Library Affiliation

_____Academic _____Public ____School

_____Special _____Trustee ____Friend

Please circle the Division/Roundtables you wish to join. No additional cost to join more than one.

Divisions (Circle)

AASL (School Librarians)

Public

College/University

ALPS (Paraprofessionals

Reference

Resources & Tech. Services

Special Libraries

Trustees

Roundtables (Circle)

Youth Services

Government Documents

Information Technology

New Members

Two Year Colleges

Schedule of Dues

Salary	Dues
$0 - $14,999	$25
$15,000 - $29,999	$45
$30,000 - $44,999	$65
$45,000 - $59,999	$85
$60,000 - $74,999	$105
$75,000 - $89,999	$125
$90,000 - Up	$145
*New, First Time Member	$25
Trustee	$25
Retired Librarian	$25
Student Member	$25
Life Member	$500
Honorary Member	No Dues
Institutional Member	$100

Mail To:

Arkansas Library Association
PO Box 958
Benton, AR 72018
E-Mail: arlib2@sbcglobal.net

Payment Information

Basic Dues **$**_____

ArLA Scholarship Contribution **$**_____

Total Payment **$**_____

☐ Check Enclosed ☐ Charge Card Type:_____

Card Number: _____Exp. Date: _____

Cardholder's Name: _____Billing Zip: _____

CCV Code (3 digits on back of card): _____