

ARKANSAS LIBRARY ASSOCIATION 2017 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: _____
“PLEASE PROVIDE FOR VOTING PRIVILEGE”

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)**

<u>Library Affiliation</u>		
____ Academic	____ Public	____ School
____ Special	____ Trustee	____ Friend

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

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

<u>Divisions (Circle)</u>
AASL (School Librarians)
Public
College/University
ALPS (Paraprofessionals)
Reference
Resources & Tech. Services
Special Libraries
Trustees

<u>Roundtables (Circle)</u>
Youth Services
Government Documents
Information Technology
New Members
Two Year Colleges

<u>Schedule of Dues</u>	
<u>Salary</u>	<u>Dues</u>
\$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

<u>Payment Information</u>	
Basic Dues	\$ _____
ArLA Scholarship Contribution	\$ _____
Total Payment	\$ _____
<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Charge Card Type: _____
Card Number: _____	Exp. Date: _____
Cardholder's Name: _____	Billing Zip: _____
CCV Code (3 digits on back of card): _____	

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 E-Mail: arlib2@sbcglobal.net

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