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:_____

Email:_____

Telephone:_____ _____
Work# Home#

□New, First Time Member □Renewal □Former Member

Register online at https://arlib.org/wp/arla-membership-form/ (credit card payment through PayPal)

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

Resource & Tech Services

Special Libraries

Trustees

Roundtables (Circle)

Youth Services

Government Documents

Information Technology

New Members

Two Year Colleges

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

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	$25
Student	$25
Life Member	$500
Honorary Member	No Dues
Institutional Member	$100

Payment Information

Basic Dues $_____
ArLA Scholarship Contribution $_____
Total Payment $_____

□Check Enclosed □Chard Card Type:_____
Card Number:_____Expiration Date:_____
Cardholder's Name:_____Billing Zip:_____
CCV Code:_____

Mail To:
Arkansas Library Association
3416 Primm Lane
Birmingham, AL 35216
info@arlib.org

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