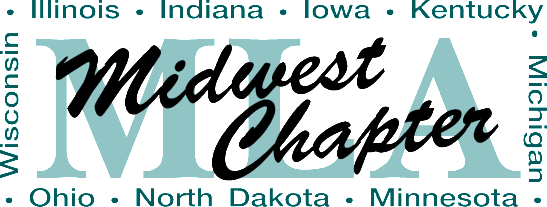
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**Midwest Chapter of MLA**

**Membership Application Form**

Please print/type or attach your business card for your information to be included in the Chapter membership directory.  
Name:

Library:

Institution:

Street Address/P.O. Box:

City/State/Zip Code:

Phone # : ( ) Fax #: ( )

Email Address:

Congressional District/Home Zip Code:\*

\*Note: This information is used by the Governmental Relations Committee.

**Dues are $40 (free for student members and waived for retired members) for the calendar year and must be received prior to June 1 in order for members to vote in the Chapter’s annual election. Mark the appropriate options for the following categories:**

***Chapter membership status:***

*\_\_\_ New Member \_\_\_ Renewing Member \_\_\_Student Member \_\_\_Retired Member*

***Institutional affiliation****:*

*\_\_\_ Academic \_\_\_ Hospital \_\_\_ Other \_\_\_ None*

***MLA membership status:***

*\_\_\_ Personal \_\_\_ Institutional \_\_\_ Emeritus \_\_\_ Student*

*\_\_\_ Not a member*

***MLA AHIP membership status:***

*\_\_\_ Member [Provisional, Member, Senior, Distinguished] \_\_\_ Not a member*

**Make a Donation\* to the Midwest Chapter/MLA Awards and Scholarship Fund: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\***This is a voluntary 501c(3) tax-deductible contribution

**Total Amount Enclosed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Leadership & Participation Opportunities***

The Chapter needs the talents and leadership skills of its members in order continue to achieve its goals. Please indicate any interests that you might have in running for Chapter offices and/or serving on Chapter committees:

***Elected Offices***

|  |  |
| --- | --- |
| *\_\_\_\_President-Elect* | *\_\_\_\_Representative-at-Large* |
| *\_\_\_\_Secretary* | *\_\_\_\_MLA Chapter Council Rep* |
| *\_\_\_\_Treasurer* | *\_\_\_\_Any of these* |
| *\_\_\_\_Membership Secretary* |  |

***Committees & Task Forces***

|  |  |
| --- | --- |
| *\_\_\_\_Annual Meeting/Program* | *\_\_\_\_Governmental Relations* |
| *\_\_\_\_Archives* | *\_\_\_\_Membership* |
| *\_\_\_\_Audit* | *\_\_\_\_Nominations & Elections* |
| *\_\_\_\_Awards & Scholarships* | *\_\_\_\_Professional Practice* |
| *\_\_\_\_Communications* | *\_\_\_\_State Liaison* |
| *\_\_\_\_Finance* | *\_\_\_\_Any of these* |

*Photos of members are often posted in the Chapter blog, on the website or in printed publications. Please indicate whether we may publish unidentified photographs of you in any Midwest Chapter publications:*

*\_\_\_\_\_Yes \_\_\_\_\_No*

**Make check payable to Midwest Chapter/MLA and mail with completed application to:**

***Simon Robins, Membership Secretary***

**Midwest Chapter/MLA**

**Northeast Ohio Medical University Library**

**4209 St. Rt. 44, PO Box 95**

**Rootstown, Ohio 44272**

***Questions? Please contact Simon Robins at:*** [***srobins@neomed.edu***](mailto:srobins@neomed.edu) ***or 330-325-6378***

***Note: All memberships are personal and non-transferrable.***