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 $30 (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*
____*Secretary*
____*Treasurer*
____*Membership Secretary*
____*Representative-at-Large*
____*MLA Chapter Council Rep*
____*Any of these*

Committees & Task Forces

____*Annual Meeting/Program*
____*Archives*
____*Audit*
____*Awards & Scholarships*
____*Communications*
____*Finance*
____*Governmental Relations*
____*Membership*
____*Nominations & Elections*
____*Professional Practice*
____*State Liaison*
____*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 <u>unidentified</u> photographs of you in any Midwest Chapter publications:

_____*Yes* _____*No*

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

Laura Menard, Membership Secretary
Midwest Chapter/MLA
Ruth Lilly Medical Library
975 W Walnut St.
Indianapolis, IN 46202

Questions? Please contact Laura Menard at: lmenard@iu.edu

Note: All memberships are personal and non-transferrable.