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
- 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 unidentified photographs of you in any Midwest Chapter publications:

- Yes
- No

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

Eileen Severson, Membership Secretary
Midwest Chapter/MLA
Gundersen Health System
1900 South Ave, H01-011
La Crosse, WI 54601

Questions? Please contact Eileen Severson at: mailto:EASevers@gundersenhealth.org or (608) 775-5546

Note: All memberships are personal and non-transferrable.