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.