



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: \$

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### ***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*

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*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*

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**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.***