

Manitoba Library Association Membership Application Form

New Membership Renewal

Name: _____ Date: _____

Library/Institution: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

Mailing Address if different than above:

Membership Category:

Personal:

- | | | |
|--|----------|----------|
| <input type="checkbox"/> Student; Unemployed; Retired | \$ 10.00 | \$ _____ |
| <input type="checkbox"/> Annual salary under \$30,000 | \$ 25.00 | \$ _____ |
| <input type="checkbox"/> Annual salary \$30,000 - \$40,000 | \$ 40.00 | \$ _____ |
| <input type="checkbox"/> Annual salary over \$40,000 | \$ 55.00 | \$ _____ |

Institutional (including Corporate membership):

- | | | |
|--|----------|----------|
| <input type="checkbox"/> Operating budget under \$100,000 | \$ 50.00 | \$ _____ |
| <input type="checkbox"/> Operating budget \$100,000 – 1 million | \$150.00 | \$ _____ |
| <input type="checkbox"/> Operating budget over 1 million dollars | \$350.00 | \$ _____ |

Donation:*

- | | | |
|--|--|----------|
| <input type="checkbox"/> Donation* | | \$ _____ |
| <input type="checkbox"/> CM: <i>Canadian Review of Materials</i> | | \$ _____ |

Note: To donate to the **Scholarship Fund**, please send a cheque to the Winnipeg Foundation www.wpgfdn.org

* Income tax receipts will be issued for donations over \$10.00

Total Payment submitted:

\$ _____

Cheque or money order payable to "Manitoba Library Association"

-OR-

VISA

number _____

expiry __/__/__

name _____

Please Mail Form & Payment to:

Manitoba Library Association, 606 - 100 Arthur Street, Winnipeg MB R3B 1H3
www.mla.mb.ca

MEMBERSHIP YEAR EXTENDS FROM JUNE 1ST TO MAY 31ST

Office Use

Membership expiry date: _____ Receipt issued: _____
Updated in Membership file: _____