



Manitoba Library Association Membership Form Institutional Membership

New Membership **Renewal**

Library/Institution:		Date:
Contact name:		
Mailing Address:		
City:	Province:	Postal Code:
Phone:	Email:	

Electronic Contact Consent

In order to comply with anti-spam legislation (CASL), the MLA requires your consent to contact you via email. Please indicate whether or not you would like to receive electronic updates. Such messages may include information about newsletters, upcoming events, and other details relevant to the Manitoba library community

- YES** I give my consent to receive electronic messages from the MLA
- NO** I do NOT give my consent to receive electronic messages from the MLA

Please select a membership payment below

- | | | | |
|--|--------|--|-------|
| <input type="checkbox"/> Operating budget under \$20 000 (L1) | \$50 | <input type="checkbox"/> Operating budget under \$40 000 (L2) | \$75 |
| <input type="checkbox"/> Operating budget under \$60 000 (L3) | \$100 | <input type="checkbox"/> Operating budget under \$100 000 (L4) | \$125 |
| <input type="checkbox"/> Operating budget under \$300 000 (L5) | \$150 | <input type="checkbox"/> Operating budget under \$800 000 (L6) | \$200 |
| <input type="checkbox"/> Operating budget over \$800 000 (L7) | \$350 | <input type="checkbox"/> Operating budget over \$5 M (L8) | \$500 |
| <input type="checkbox"/> Operating budget over \$20 M (L9) | \$1000 | | |

Membership valid for 12 months from payment processing date. Your information will only be used for the purpose of determining membership. If you have any questions about the collection of this information contact the Director-At-Large Membership at membership@mla.mb.ca

Total payment submitted: \$_____

- Cheque or money order payable to "Manitoba Library Association"
- Credit Card

Number:_____ Name:_____ Expiry:_____

CVC (3 digits on back of card):_____ Postal Code (must match card's billing address):_____

Please Mail Form and Payment to:
Manitoba Library Association
606-100 Arthur Street, Winnipeg MB R3B 1H3

Office Use Only

Membership expiry date:_____ **Receipt Issued:**_____ **Updated in Membership File:**_____