



Manitoba Library Association Membership Form Individual Membership

New Membership **Renewal**

Name:	Date:	
Library/Institution:		
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"/> Student, unemployed, retired (L1)	\$10	<input type="checkbox"/> Annual salary under \$50 000 (L2)	\$30
<input type="checkbox"/> Annual salary over \$50 000 (L3)	\$50		

Division: (optional)	<input type="checkbox"/> None	<input type="checkbox"/> Trustees	<input type="checkbox"/> Technicians
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Donation <i>(Income tax receipts will be issued for donations over \$10)</i>	
Manitoba Library Association \$ _____	Prison Library Committee \$ _____
To donate to the Scholarship Fund, please send a cheque to the Winnipeg Foundation www.wpgfdn.org	

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:** _____