



American Indian Library Association

Membership Application: July 1-June 30 annually

Name: _____

Position/ Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax: _____

E-mail: _____

Membership Type:

Are you a new member?

Institutional (\$40.00)

Yes

Individual (\$20.00)

No

Student (\$10.00)

Would you like to join our electronic list, AILA-L?

Yes

No

Already Subscribed

Please select your preference for receiving the American Indian Libraries Newsletter

Online (pdf format)

Print

No Preference

Contributions

Contribution to the American Indian Youth Literature Award: \$ _____

Contribution to the AILA scholarship fund: \$ _____

Send check made out to the American Indian Library Association and completed form to:

American Indian Library Association
c/o Heather Devine-Hardy
P.O. Box 41296
San Jose, CA 95160