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

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 Jody Gray
University of Minnesota
499 Wilson Library
309 S 19th Ave
Minneapolis, MN 55455