Midwest Chapter/MLA
Membership Application Form

Please print or type information or attach your business card. This information will be included in the Chapter membership directory.

Name _____

Library _____

Institution _____

Street Address or P.O. Box:

_____

City, State, Zip _____

Area Code & Phone _____

Area Code & Fax _____

E-mail Address _____

Mailing address if different from above
(This is the address that will be used for all mailings
but NOT included in the directory)

Street Address or P.O. Box:

_____

City, State, Zip _____

Chapter membership status:
___ ***New Member*** ___ ***Renewing Member***___***Student Member***
Institutional affiliation:
___ ***Academic*** ___ ***Hospital*** ___ ***Other*** ___ ***None***

MLA membership status:
___ ***Personal*** ___ ***Institutional*** ___ ***Emeritus***
___ ***Student*** ___ ***Not a member***

MLA AHIP membership status:
___ ***Member*** ___ ***Not a member***

Leadership & Participation Opportunities

The Chapter needs the talents and leadership skills of its members in order continue to achieve its goals. Please indicate any interests that you might have in running for Chapter offices and/or serving on Chapter committees:

Elected Offices
____***President-Elect***
____***Secretary***
____***Treasurer***
____***Membership Secretary***
____***Representative-at-Large***
____***MLA Chapter Council Rep***
____***Any of these***

Committees & Task Forces
____***Annual Meeting/Program***
____***Archives***
____***Audit***
____***Awards & Scholarships***
____***Communications***
____***Finance***
____***Governmental Relations***
____***Membership***
____***Nominations & Elections***
____***Professional Practice***
____***State Liaison***
____***Any of these***

Photos of members are often posted in the Chapter blog, on the website or in printed publications. Please indicate whether we may publish <u>unidentified</u> photographs of you in any Midwest Chapter publications:

_____***Yes*** _____***No***

Dues are $20 (free for student members) for the calendar year and must be received prior to June 1 in order for members to vote in the Chapter's annual election. Make check payable to Midwest Chapter/MLA and mail with completed application to:

Katherine Chew, Membership Secretary
Midwest Chapter/MLA
Bio-Medical Library
University of Minnesota
505 SE Essex Hall / 325A Diehl
Minneapolis, MN 55455

Questions? Please contact Katherine Chew at:
chewx002@chewx002@tc.umn.edu or 612-626-3017

Note: All memberships are personal and non-transferrable.