

**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 _____

Congressional District/Home Zip Code* _____

*Note: This information used for Governmental Relations Committee.

Mailing address if different from above

(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

___ Retired Member (NEW!)

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 to 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

___ Representative-at-Large

___ Secretary

___ MLA Chapter Council Rep

___ Treasurer

___ Any of these

___ Membership Secretary

Committees & Task Forces

___ Annual Meeting/Program

___ Governmental Relations

___ Archives

___ Membership

___ Audit

___ Nominations & Elections

___ Awards & Scholarships

___ Professional Practice

___ Communications

___ State Liaison

___ Finance

___ 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 unidentified 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.