



American Indian Library Association

Membership Application: July 1-June 30 annually

Name: _____

Position/ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax: _____

E-mail: _____

Membership Type:

Are you a new member?

_____ Institutional (\$30.00)

_____ Yes

_____ Individual (\$15.00)

_____ 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 Kelly Webster
12 Highfield Rd. #2
Roslindale, MA 02131