



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:

- Institutional (\$40.00)
- Individual (\$20.00)
- Student (\$10.00)

Are you a new member?

- Yes
- No

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