## Organization Membership Form



For Institutional and Commercial Memberships

| Organization Name:                          |              |                     |                   |             |                  |
|---|--------------|---------------------|-------------------|-------------|------------------|
| Contact Name:                               |              |                     |                   |             |                  |
| Street:                                     |              | City:               |                   | _State:     | Zip:             |
| Phone:                                      |              | Email:              |                   |             |                  |
| Fax:  |              |                     | Add to NMLA Li    | stserv      |                  |
| Website/ Social Media:                      |              |                     |                   |             |                  |
| Dues  |              |                     |                   |             |                  |
| Institutional Membership                    |              |                     |                   |             |                  |
| For libraries and 501(c)3 non-p             | orofit insti | tutions serving lib | oraries and libra | rians of Ne | w Mexico.        |
| Institutional members receive               | two comp     | olementary meet     | ing registrations | during the  | e membership     |
| year.                                       |              |                     |                   |             |                  |
| □ \$250                                     |              |                     |                   |             |                  |
| Commercial Membership                       |              |                     |                   |             |                  |
| Membership for those who se                 | II product   | s or services to N  | ew Mexico Libra   | aries. Men  | nbership include |
| either a one-half page ad in th newsletter. | e Annual     | Conference Progi    | am or a quartei   | -page ad i  | n our bi-monthly |
| □ \$150                                     |              |                     |                   |             |                  |
| Send this form with check or p              |              |                     |                   |             |                  |
| Or, pay with a credit card and              | fax this fo  | orm to:             |                   |             |                  |
| (505) 544-5740                              |              |                     |                   |             |                  |
|   | Visa 1       | ☐ Mastercard        |                   |             |                  |
| Card #:                                     | Expiration:  |                     |                   |             |                  |