



Membership Form

Join | Renew

Personal Membership

Name: _____ **Address:** Home | Work
Title: _____ **Street:** _____
Organization: _____ **City:** _____ **State:** ____ **Zip:** _____
Home Phone: _____ **Work Phone** _____ **Ext:** _____
Personal Email: _____ **Work Email:** _____

Please add my personal | work email address to the NMLA listserve. I'm already on the list.

Special Interest Groups you would like to join/renew:

- | | | |
|--|---|--|
| <input type="checkbox"/> ACRL-NM/Academic | <input type="checkbox"/> Bonds for Libraries | <input type="checkbox"/> Local & Regional History |
| <input type="checkbox"/> Advocacy for School Libraries | <input type="checkbox"/> Digital Collections | <input type="checkbox"/> Native American Libraries |
| <input type="checkbox"/> Assessment & Statistics | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Open Access |
| | <input type="checkbox"/> Government Information | <input type="checkbox"/> Public Library Directors |
| | | <input type="checkbox"/> Technical Services |

Personal Membership Dues:

- | | | |
|---|--|------|
| <input type="checkbox"/> Sustaining Member: \$80 (Thank you!) | <input type="checkbox"/> Salary \$15,000 - \$22,999: | \$25 |
| <input type="checkbox"/> Salary \$50,000 +: | <input type="checkbox"/> \$10,000 - \$14,999: | \$15 |
| <input type="checkbox"/> \$40,000 - \$49,999: | <input type="checkbox"/> Non Salaried - \$10,000: | \$10 |
| <input type="checkbox"/> \$30,000 - \$39,999: | <input type="checkbox"/> Trustee, <input type="checkbox"/> Friend, <input type="checkbox"/> Student, <input type="checkbox"/> Retired: | \$10 |
| <input type="checkbox"/> \$23,000 - \$29,999: | | |

Institutional Membership - \$ 250

Commercial Membership - \$ 150

Organization Name: _____
Contact Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____
Website / Social Media: _____

Dues & Contributions

Membership Dues:	\$ _____
Marion Dorroh Scholarship Fund:	\$ _____
New Mexico Library Foundation	\$ _____
Total:	\$ _____

Send this form with check, purchase order, or credit card information to:

NMLA
PO Box 26074
Albuquerque, NM 87125

Visa/ Mastercard

Card #: _____ Expiration: _____