



Indiana Library Federation

2012 Institutional Membership Application

Memberships extend from January 1 through December 30

The mission of the Indiana Library Federation is to promote all libraries in Indiana and foster the professional growth of its members.

New Member Renewing Member

For Office Use
Date: _____
CC: _____
Ck: _____
PO: _____
222: _____
1-405: _____
<input type="checkbox"/> Database

This information will be published in the ILF Membership Directory. Please type or print clearly.

Name of Library/Institution/Company: _____

Type of Library: _____

Director: _____ Director's E-mail Address: _____

Contact Person: _____ Title (If not Director): _____

This person will receive all ILF mailings

Library Street Address: _____

City, State, Zip Code: _____

Work Phone Number: (_____) _____ Ext. _____ Work Fax Number: (_____) _____

Library's Web Site Address: _____

Library/Business Type

Which of the following best describes your library/business? Please choose one:

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1. Academic Library
<input type="checkbox"/> 2. Institutional Library
<input type="checkbox"/> 3. Library Service Authority
<input type="checkbox"/> 4. Public Library | <input type="checkbox"/> 5. School Library / Media Center
<input type="checkbox"/> 6. Vendor / Affiliate / Corporate
<input type="checkbox"/> 7. Special Library
<input type="checkbox"/> 8. None of the Above |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

District

Please indicate the district in which your library/organization is located:

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> District 1
Elkhart, Jasper, Kosciusko, Lake, LaPorte, Marshall, Newton, Porter, Pulaski, St. Joseph and Starke Counties | <input type="checkbox"/> District 5
Clay, Greene, Lawrence, Monroe, Owen, Parke, Putnam, Sullivan, Vermillion and Vigo Counties |
| <input type="checkbox"/> District 2
Benton, Carroll, Cass, Clinton, Fountain, Fulton, Howard, Miami, Montgomery, Tippecanoe, Tipton, Wabash, Warren and White Counties | <input type="checkbox"/> District 6
Bartholomew, Brown, Clark, Crawford, Dearborn, Decatur, Floyd, Harrison, Jackson, Jefferson, Jennings, Ohio, Orange, Ripley, Scott, Switzerland and Washington Counties |
| <input type="checkbox"/> District 3
Adams, Allen, DeKalb, Huntington, LaGrange, Noble, Steuben, Wells and Whitley Counties | <input type="checkbox"/> District 7
Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh and Warrick Counties |
| <input type="checkbox"/> District 4
Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan and Shelby Counties | <input type="checkbox"/> District 8
Blackford, Delaware, Fayette, Franklin, Grant, Henry, Jay, Madison, Randolph, Rush, Union and Wayne Counties |

Membership Dues

Dues for institutional members are on a sliding scale based on the library's operating budget:

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Under \$100,000.....\$30
<input type="checkbox"/> \$100,000 to \$249,999.....\$75
<input type="checkbox"/> \$250,000 to \$499,999.....\$100
<input type="checkbox"/> \$500,000 to \$999,999.....\$150
<input type="checkbox"/> \$1,000,000 to \$2,999,999.....\$200 | <input type="checkbox"/> \$3,000,000 and up.....\$300
<input type="checkbox"/> Academic Libraries (under 2,500 students).....\$150
<input type="checkbox"/> Academic Libraries (more than 2,500 students).....\$300
<input type="checkbox"/> Vendor / Affiliate / Corporate\$100 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

-continued-

Insurance Information

Please send us information about:

- Employee Group Health Insurance Employee Group Long-Term and Short-Term Disability Insurance
-

Payment

Membership Dues..... _____
Donation to ILF Endowment Fund (tax deductible)..... _____
Donation to ILF Intellectual Freedom Fund (tax deductible)..... _____
Donation to ILF Scholarship Fund (tax deductible)..... _____
Donation to AISLE Ronald McDonald House Fund (tax deductible)..... _____
Donation to AISLE Scholarship Fund (tax deductible)..... _____
Donation to David Dickey Scholarship Fund (tax deductible)..... _____
Grand Total..... _____

Check: Check Number: _____ *Please make check payable to the Indiana Library Federation*

Credit Card: Visa MasterCard Discover Credit Card Number: _____

Expiration Date: _____ Signature: _____ Date: _____

Purchase Order: Purchase Order Number: _____

Name of Organization Issuing Purchase Order: _____

Contact Person: _____ Phone Number: (_____) _____

Please return this completed form to:

Indiana Library Federation, 941 E. 86th St. Ste 260, Indianapolis, Indiana 46240
Phone: (317) 257-2040 • Fax: (317) 257-1389 • askus@ifonline.org • www.ifonline.org
