



Indiana Library Federation 2012 Trustee Membership Application

Memberships extend from January 1 through December 30

*Trustee dues provide a personal membership for each board member in the Indiana Library Trustee Association.
Board members should be listed on the back of this form.*

*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: _____
1-403: _____
<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: _____

Please send us information about: Director's and Officer's Insurance Crime Protection Insurance

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
Davies, 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 |

Trustee Membership Dues/Donations

Take the library's annual budget for the year of your membership.....	_____
Plus Perf (if not already figured in the budget).....	_____
Add for a subtotal.....	_____
Multiple subtotal by.....	_____
Total Amount of Trustee Dues (\$25.00 Minimum).....	_____
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.....	_____

Trustee Mailing Information

Please list the information requested below for each library trustee. Be sure to include zip codes and area codes. If your library has more than eight board members, please list them on a separate sheet. If your board treasurer is a staff member rather than a trustee, please indicate this. **Please update this list with ILF as needed.** Please type or print clearly.

Name: _____
Home Address: _____
City, State, Zip: _____
Daytime Phone: (____) _____
Fax: (____) _____
E-mail: _____
Board Office: _____
Term Expires: _____

Name: _____
Home Address: _____
City, State, Zip: _____
Daytime Phone: (____) _____
Fax: (____) _____
E-mail: _____
Board Office: _____
Term Expires: _____

Name: _____
Home Address: _____
City, State, Zip: _____
Daytime Phone: (____) _____
Fax: (____) _____
E-mail: _____
Board Office: _____
Term Expires: _____

Name: _____
Home Address: _____
City, State, Zip: _____
Daytime Phone: (____) _____
Fax: (____) _____
E-mail: _____
Board Office: _____
Term Expires: _____

Name: _____
Home Address: _____
City, State, Zip: _____
Daytime Phone: (____) _____
Fax: (____) _____
E-mail: _____
Board Office: _____
Term Expires: _____

Name: _____
Home Address: _____
City, State, Zip: _____
Daytime Phone: (____) _____
Fax: (____) _____
E-mail: _____
Board Office: _____
Term Expires: _____

Name: _____
Home Address: _____
City, State, Zip: _____
Daytime Phone: (____) _____
Fax: (____) _____
E-mail: _____
Board Office: _____
Term Expires: _____

Name: _____
Home Address: _____
City, State, Zip: _____
Daytime Phone: (____) _____
Fax: (____) _____
E-mail: _____
Board Office: _____
Term Expires: _____

Payment

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