

Indiana Library Federation

200_ Public Library Trustee Membership Application

*Memberships extend from January 1 through December 31.
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.*

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.

Library: _____

Director: _____

Director's E-mail Address: _____

Contact Person (This person will receive all publications and other mailings from the Federation: _____

Title (If not director): _____

Library's Street Address: _____

City, State, Zip Code: _____

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

Library's Web Site Address: _____

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

District

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

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

Multiply subtotal by:..... .0008

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 AIME Ronald McDonald House 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.** (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

Payment may be made by:

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

Credit Card: Visa MasterCard Discover Card

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 ■ E-mail: ilf@indy.net ■ Web Site: <http://www.ilfonline.org/>