



Midwest Chapter of MLA
Membership Application Form

Please print/type or attach your business card for your information to be included in the Chapter membership directory.

Name: _____

Library: _____

Institution: _____

Street Address/P.O. Box: _____

City/State/Zip Code: _____

Phone #: () Fax #: ()

Email Address: _____

Congressional District/Home Zip Code:*

*Note: This information is used by the Governmental Relations Committee.

Dues are \$30 (free for student members and waived for retired members) for the calendar year and must be received prior to June 1 in order for members to vote in the Chapter's annual election. Mark the appropriate options for the following categories:

Chapter membership status:

New Member Renewing Member Student Member Retired Member

Institutional affiliation:

Academic Hospital Other None

MLA membership status:

Personal Institutional Emeritus Student

Not a member

MLA AHIP membership status:

Member [Provisional, Member, Senior, Distinguished] Not a member

Make a Donation* to the Midwest Chapter/MLA Awards and Scholarship Fund: \$ _____

*This is a voluntary 501c(3) tax-deductible contribution

Total Amount Enclosed: \$ _____

Leadership & Participation Opportunities

The Chapter needs the talents and leadership skills of its members in order continue to achieve its goals. Please indicate any interests that you might have in running for Chapter offices and/or serving on Chapter committees:

Elected Offices

President-Elect

Secretary

Treasurer

Membership Secretary

Representative-at-Large

MLA Chapter Council Rep

Any of these

Committees & Task Forces

Annual Meeting/Program

Archives

Audit

Awards & Scholarships

Communications

Finance

Governmental Relations

Membership

Nominations & Elections

Professional Practice

State Liaison

Any of these

Photos of members are often posted in the Chapter blog, on the website or in printed publications. Please indicate whether we may publish unidentified photographs of you in any Midwest Chapter publications:

Yes

No

Make check payable to **Midwest Chapter/MLA and mail with completed application to:**

Stephanie Schulte, Membership Secretary

Midwest Chapter/MLA

Health Sciences Library

The Ohio State University

376 W. 10th Ave.

Columbus, OH 43210

Questions? Please contact Stephanie Schulte at: stephanie.schulte@osumc.edu or 614-292-4893

Note: All memberships are personal and non-transferrable.