

**Midwest Chapter/MLA
Membership Application Form**

Please print or type information or attach your business card. This information will be included in the Chapter membership directory.

Name _____

Library _____

Institution _____

Street Address or P.O. Box: _____

City, State, Zip _____

Area Code & Phone _____

Area Code & Fax _____

E-mail Address _____

Mailing address if different from above
(This is the address that will be used for all mailings
but NOT included in the directory)

Street Address or P.O. Box: _____

City, State, Zip _____

Chapter membership status:
___ New Member ___ Renewing Member ___ Student Member

Institutional affiliation:
___ Academic ___ Hospital ___ Other ___ None

MLA membership status:
___ Personal ___ Institutional ___ Emeritus

___ Student ___ Not a member

MLA AHIP membership status:
___ Provisional ___ Member ___ Senior
___ Distinguished ___ Not a member

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

Dues are \$20 (free for student 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. Make check payable to Midwest Chapter/MLA and mail with completed application to:

Bette S. Sydelko, Membership Secretary
Midwest Chapter/MLA
Wright State University
Fordham Health Sciences Library
125E Medical Sciences Building
Dayton, OH 45435-0001

Questions? Please contact Bette Sydelko at: bette.sydelko@wright.edu (e-mail); 937-775-3840 (phone); or 937-775-2232 (fax).

Note: All memberships are personal and non-transferrable.