# California Library Association

## Individual Membership Invitation

Questions? Please contact CLA at membership@cla-net.org.

Send your completed form to CLA

By Mail: 1055 E. Colorado Blvd., 5th Floor
Pasadena, CA 91106

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### Name ____________________________

### Job Title ____________________________

### Full Library Name ____________________________

### Library Address ____________________________

### City __________ State ______ Zip Code ____________

### Home Address ____________________________

### City __________ State ______ Zip Code ____________

### Email ____________________________

### Day Phone ____________________________

### Home Phone ____________________________

### Fax Number ____________________________

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### FULL INDIVIDUAL VOTING MEMBERSHIP

(required for library employees & based on annual gross salary)

<table>
<thead>
<tr>
<th>Salary Range</th>
<th>Membership Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>$85,000 and over</td>
<td>$165</td>
</tr>
<tr>
<td>$55,000 to $84,999</td>
<td>$140</td>
</tr>
<tr>
<td>$40,000 to $54,999</td>
<td>$120</td>
</tr>
<tr>
<td>$30,000 to $39,999</td>
<td>$95</td>
</tr>
<tr>
<td>Under $30,000</td>
<td>$40</td>
</tr>
<tr>
<td>Trustee, Retired, Unemployed, Friend, Out of State</td>
<td>$40</td>
</tr>
<tr>
<td>Library Student (3 years maximum)</td>
<td>$20</td>
</tr>
<tr>
<td>First Time Member</td>
<td>$40</td>
</tr>
</tbody>
</table>

### SUPPORTING MEMBERSHIP

(non-voting membership)

<table>
<thead>
<tr>
<th>Type</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Library Employee, Trustee, Retired, Unemployed, Friend, Out of State</td>
<td>$25</td>
</tr>
</tbody>
</table>

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### ANNUAL CLA DUES

Annual Membership Dues: $__________

Make CLA your charity of choice!

Donation: $__________

Total Included: $__________

CLA dues and donations are tax-deductible to the full extent allowed by law.

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### PAYMENT INFORMATION

Method of Payment:

- [ ] Check
- [ ] Credit Card

Check #: ____________________________

Credit Card Information:

- [ ] VISA
- [ ] Mastercard
- [ ] American Express
- [ ] Discover

Card #: ____________________________

Name on Card: ____________________________

Billing Address: ____________________________

City ____________________________ State ____________________________

Zip Code ____________________________

Expiration Date: ____________________________

V Code: ____________________________

Signature: ____________________________

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### MEMBER BENEFITS

**Individual Voting Membership:**

- Access to the “member only” areas of CLA’s website.
- Discounted registration rates at the Annual Conference and Spring Fling workshops.
- Access to member communications, listservs, and forums.
- Eligible to participate as an officer of the Association.
- Eligible to serve on Committees.
- Eligible to participate in Interest Groups.
- Right to vote in annual CLA elections of officers and special elections affecting the Association.

**Individual Supporting Membership:**

- Access to the “member only” areas of CLA’s website.
- Discounted registration rates at the Annual Conference and Spring Fling workshops.
- Access to member communications, listservs, and forums.

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**Questions?**

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