



COLLEGE/UNIVERSITY NAME: _____

LIBRARY NAME: _____

ADDRESS: _____

OFFICIAL REPRESENTATIVE: _____

Note: This is the individual authorized to pay invoices and to vote on behalf of the institution.

EMAIL: _____

PHONE: _____ FAX: _____

URL: _____

****Please attach a list of all staff covered by this membership, or email an electronic copy to clc@ctlibrarians.org. Include job title, email address, and phone (if different from above) for each staff member.****

DUES CALCULATION: CLC academic library dues are based on the parent institution's full time equivalent (FTE) student enrollment (fall 2017 or later), with a **minimum of \$130** and a **maximum of \$730**. To determine your library's dues payment, use the chart below:

FTE Enrollment	CLC DUES
≤ 500	\$130
501-1000	\$230
1001-1500	\$330
1501-2000	\$430
2001-3000	\$530
3001-5000	\$630
>5000	\$730

FTE:

2019 CLC Dues Payment:

PLEASE NOTE: Upon receipt of this form, CLC will invoice your library for 2019 membership dues. The invoice will be sent via email to the Official Representative named above at the email address specified above, unless you request otherwise.

Questions about membership? Contact CLC Member Relations - members@ctlibrarians.org or 860.344.8777.

Thank you for your CLC membership!