



PARENT INSTITUTION NAME: _____

LIBRARY NAME (if different / applicable): _____

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 special library dues are based on the most recent Total Operating Expenditures (TOE) for the library, with a **minimum of \$130** and a **maximum of \$330**. To determine your library's dues payment, use the chart below:

| TOE | CLC DUES |
|---------------------|----------|
| ≤ 500,000 | \$130 |
| 500,001 – 1 million | \$230 |
| > 1 million | \$330 |

Your 2019 CLC Dues Payment:

TOE: _____

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!