



Indiana Library Federation

2019 FOIL Group Membership Application

Friends of Indiana Libraries

Memberships extend from January 1 through December 31

**The Indiana Library Federation leads, educates and advocates to advance
library services for the benefit of Indiana residents.**

Annual Group Membership dues: \$45

Please type or print clearly.

Name of Library: _____

Does your group use a specific name different from the library above? If yes, please state your group name:

Contact Phone Number: (_____) _____ Ext. _____

Mailing Address: _____

City: _____ Zip: _____

Name of President: _____ President's E-mail Address: _____
(this person will receive all ILF communication)

Other contact person: _____ E-mail Address: _____

Name: _____ **E-mail:** _____

Payment

Check: Check Number: _____ *Please make check payable to the Indiana Library Federation*

Credit Card: Visa MasterCard Discover

Credit Card Number: _____ Expiration Date: _____ mm/yyyy

Name as it appears on card (Please print): _____ CVV# _____

Signature: _____ Date: _____

Purchase Order: Purchase Order Number: _____

Name of Organization Issuing Purchase Order: _____

Contact Person: _____ Phone Number: (_____) _____

Please return this completed form and payment option to:

Indiana Library Federation, 941 E. 86th St. Ste. 260, Indianapolis, Indiana 46240
Phone: (317) 257-2040 • Fax: (317) 257-1389 • askus@ilfonline.org • www.ilfonline.org