Indiana Library Federation
2020 Academic Library Membership Application
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._

- New Member  
- Renewing Member

Please type or print clearly. This membership is meant for college or universities.

Name of Institution:__________________________________________________________

Director:______________________________________ Director’s E-mail Address: ________________________________________

Contact Person:______________________________________________________Title (If not Director):_______________________

This person will receive all ILF mailings

Library Street Address:_________________________________________________________________________________________

City, State, Zip Code: ___________________________________________________________________________________________

Work Phone Number: (_______) _________________  Ext._______     Work Fax Number: (_______) ________________________

Library’s Web Site Address:______________________________________________________________________________________

Number of license plate covers requested ______________

### Membership Dues

_Dues for institutional members are on a sliding scale based on the library’s operating budget:_

- Academic Libraries (under 2,500 students)...............$150
- Academic Libraries (more than 2,500 students).......$300

### Payment

- Membership Dues:________________________________________________________
- Donation to ILF Endowment Fund (tax deductible):___________________________
- Donation to ILF Intellectual Freedom Fund (tax deductible):_________________
- Donation to ILF Scholarship Funds (tax deductible):________________________
- Donation to AISLE Ronald McDonald House Fund (tax deductible):__________
- Donation to David Dickey Scholarship Fund (tax deductible):________________

_Grand Total:_______________________________________________________________

- Check: Check Number: __________________________________________________ Please make check payable to the Indiana Library Federation
- Credit Card:   - Visa   - MasterCard   - Discover Credit Card Number: _______________________________________________________
  Expiration Date: ___________ Signature: _________________________ Date: ___________
- CVV# ___________
- Purchase Order: Purchase Order Number: _____________________________

Name of Organization Issuing Purchase Order: _______________________________________

Contact Person: ___________________________ Phone Number: (_______) ____________________

Please return this completed form 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