Indiana Library Federation

2021 Academic Library Membership Application

Memberships extend from January 1 through December 31

- 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. ____________________________

Library’s Web Site Address: __________________________________________________________________

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.................................................................................................................................

- continued -
Payment

Payment Total..............$__________________________  □  Check  □  Purchase Order  □  Credit Card

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

Credit Card:

❑ Visa  ❑ MasterCard  ❑ Discover

Name as it appears on card (please print):  First___________________________  Last___________________________

Credit Card Number: _______ - _______ - _______ - _______  Three-digit CVV _______

Expiration Date: ________/_______ mm/yyyy

Email address for receipt __________________________

❑ 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