

**SOUTH DAKOTA LIBRARY ASSOCIATION  
INSTITUTIONAL MEMBERSHIP APPLICATION  
www.sdlibraryassociation.org**

Membership runs for one year from date of joining or renewal.  
Please be sure to complete all appropriate sections of the membership application form.

New membership \_\_\_\_\_ or renewal \_\_\_\_\_ ?

**Check your *Book Marks* subscription preference:**

Print via courier (include courier code) \_\_\_\_\_ Print via USPS \_\_\_\_\_  
Electronic via email notification \_\_\_\_\_ Electronic via RSS feed \_\_\_\_\_

**INSTITUTIONAL MEMBERS:** Sliding scale based on annual library budget.

- \_\_\_\_\_ \$20.00 for libraries with a total budget under \$25,000
- \_\_\_\_\_ \$30.00 for libraries with a total budget \$25,000 to \$49,999
- \_\_\_\_\_ \$50.00 for libraries with a total budget \$50,000 to \$99,999
- \_\_\_\_\_ \$75.00 for libraries with a total budget \$100,000 to \$199,999
- \_\_\_\_\_ \$100.00 for libraries with a total budget \$200,000 to \$299,999
- \_\_\_\_\_ \$125.00 for libraries with a total budget \$300,000 to \$399,999
- \_\_\_\_\_ \$150.00 for libraries with a total budget \$400,000 to \$599,999
- \_\_\_\_\_ \$175.00 for libraries with a total budget \$600,000 to \$799,999
- \_\_\_\_\_ \$200.00 for libraries with a total budget \$800,000 to \$999,999
- \_\_\_\_\_ \$300.00 for libraries with a total budget \$1,000,000 to \$1,999,999
- \_\_\_\_\_ \$400.00 for libraries with a total budget \$2,000,000 to \$2,999,999
- \_\_\_\_\_ \$500.00 for libraries with a total budget \$3,000,000 to \$3,999,999
- \_\_\_\_\_ \$600.00 for libraries with a total budget \$4,000,000 and over
  
- \_\_\_\_\_ \$100.00 for non-library institutions or organizations

**ENTER INSTITUTIONAL MEMBERSHIP DUES HERE** \$ \_\_\_\_\_

ADDITIONAL AMT DESIGNATED TO SDLA LEON RANEY ENDOWMENT FUND (\$50 Min) \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Make checks payable to the **South Dakota Library Association**. Canceled check is your receipt.  
Mail form & check to: **SDLA, 729 S. 33<sup>rd</sup> St. Spearfish, SD 57783** For credit card payment, use online form.

Institution Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Library Web Site URL \_\_\_\_\_