SOUTH DAKOTA LIBRARY ASSOCIATION  
INDIVIDUAL MEMBERSHIP APPLICATION  

Annual membership dues must be received before September 1st to qualify for member rates at the annual conference. Membership runs for one year from date of joining or renewal.

**INDIVIDUAL MEMBERSHIP:** Librarians, support staff, retired members, trustee, friends of libraries, and other individuals. Students are only eligible for student rates for three years.

**FRIEND MEMBERSHIP:** Support the organization by contributions of $50.00 or more designated for the SDLA Leon Raney Endowment Fund. A friend member shall not be entitled to the privileges of an individual member.

New membership _____ or renewal ____?

Would you be willing to run or be nominated for an SDLA office? Yes _____ No ____

**Check your Book Marks subscription preference:** Print via courier (include courier code) __________
Print via USPS _____   Electronic via email notification _____   Electronic via RSS feed _____

**COMMITTEE INTERESTS:** Please check committees on which you would like to serve:

___ Library Issues
___ Intellectual Freedom
___ Public Relations
___ Nominating
___ Professional Development Grants
___ Auditing

**MEMBERSHIP DUES SCHEDULE:** Sliding scale based on income for library-related position.

<table>
<thead>
<tr>
<th>Current Salary Range</th>
<th>Dues</th>
</tr>
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<tbody>
<tr>
<td>Trustees, Retirees, Students</td>
<td>$15.00</td>
</tr>
<tr>
<td>Under $15,000</td>
<td>$25.00</td>
</tr>
<tr>
<td>$15,000 to $24,999</td>
<td>$35.00</td>
</tr>
<tr>
<td>$25,000 to $34,999</td>
<td>$45.00</td>
</tr>
<tr>
<td>$35,000 to $44,999</td>
<td>$55.00</td>
</tr>
<tr>
<td>$45,000 to $54,999</td>
<td>$65.00</td>
</tr>
<tr>
<td>$55,000 to $64,999</td>
<td>$70.00</td>
</tr>
<tr>
<td>$65,000 to $74,999</td>
<td>$80.00</td>
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<tr>
<td>$75,000 and over</td>
<td>$100.00</td>
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</tbody>
</table>

**ENTER PERSONAL MEMBERSHIP DUES HERE** ........................................ $____________

**SECTIONS:** Select two FREE sections with individual membership. **Additional sections are $5.**

___ Academic/Health/Special  ___ Public and Trustee
___ School Library Media  ___ Support Staff

**ENTER ADDITIONAL SECTION MEMBERSHIP DUES HERE** ......................... $____________

**ADDITIONAL AMOUNT DESIGNATED TO THE SDLA LEON RANEY ENDOWMENT FUND** ...$____________

**TOTAL:** .................................................................................................................. $____________

Make checks payable to the SDLA. Canceled check is your receipt. For credit card payment, use online form. Mail form & check to: SDLA, PO BOX 283, LENNOX, SD 57039.

Full Name ________________________________________________________________

Position/Title____________________________________________________________

Institution ______________________________________________________________

Street _________________________________________________________________

City ___________________________ State __________ Zip __________

Phone__________________________ Email ________________________________

Check here if you do not want your name sold with membership lists. _______