

ULA PERSONAL MEMBERSHIP
Membership year: January 1 through December 31

Date _____

Name _____ Job Title _____

Library or Branch Name _____

Institution or Business Name _____

Work Telephone _____ Extension _____ Fax _____

Email _____

Preferred Mailing Address:

Street _____

City _____ State _____ Zip _____

Membership Dues

Please place a checkmark to identify your membership category

_____ **Category I \$ 20**

Associate Member

First-time member, Student, Half-time library employee, UELMA member, Retiree, Trustee, General Public.

_____ **Category II \$ 40**

Member

Persons employed in a library or library related setting more than 20 hours per week.

_____ **Category III \$ 1,000**

Lifetime Member

One-time payment.

Please indicate your main professional affiliation(s). All sections and roundtables are free of charge.

Sections

Academic Library Public Library School Library Special Library

Roundtables

- | | |
|--|--|
| <input type="checkbox"/> ACRL - Association of College & Research Libraries | <input type="checkbox"/> LAMART - Library Administration & Management |
| <input type="checkbox"/> AMSC - Archives, Manuscripts, & Special Collections | <input type="checkbox"/> LIRT - Library Instruction |
| <input type="checkbox"/> BURT - Business Roundtable | <input type="checkbox"/> LPSS - Library Paraprofessional & Support Staff |
| <input type="checkbox"/> CSRT - Children Services | <input type="checkbox"/> NPRT - New Perspectives |
| <input type="checkbox"/> START - Service and Technology Access | <input type="checkbox"/> RAS - Reference & Adult Services |
| <input type="checkbox"/> GENRT - Genealogy Roundtable | <input type="checkbox"/> TSRT - Technical Services |
| <input type="checkbox"/> GODORT - Government Documents | <input type="checkbox"/> TFRT - Trustees and Friends |
| <input type="checkbox"/> HEART - Health Roundtable | <input type="checkbox"/> YART - Young Adult Services |

Can you serve on a ULA Committee or as an officer of the ULA? Yes No

The ULA has permission to include my name in mailing lists sold to outside groups. Yes No

Membership Dues \$ _____

*Attach credit card authorization form
or make check payable to:*

Donations:

Intellectual Freedom Fund \$ _____

Unrestricted General Fund \$ _____

Utah Library Association
P.O. Box 708155
Sandy, UT 84070-8155

Total Amount Enclosed \$ _____

Office Use Only
Date Received: _____
Initials: _____