



MEMBERSHIP APPLICATION!

Mr. Mrs. Ms.

Full Name: _____

Job Title: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Day Phone: _____ Ext. _____ Evening Phone: _____

Fax: _____

The above address is my Work Home

How did you find out about PALA? _____

MEMBERSHIP CATEGORIES AND ANNUAL DUES

- \$25 Regular
- \$15 Special
Includes library support staff,
students, retirees, and
unemployed library workers.

!

TASK FORCE INTEREST STS

- Bylaws
- Finance
- Website
- Membership and Recruitment
- Publicity and Program
- Other _____

Send this form and the check to:

Polish American Librarians Association
P.O. Box 7232
Prospect Heights, IL 60070

Please make checks payable to Polish American Librarians Association.
Thank you for your support!

Signature: _____