



## 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? \_\_\_\_\_

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**MEMBERSHIP: \$50**

### TASK FORCE INTERESTS

- Website
- Membership and Recruitment
- Publicity and Newsletter
- Programs
- Partnerships
- Other \_\_\_\_\_

Send this form and the check to:

**Polish American Librarians Association  
P.O. 301061,  
Chicago, IL 60630-1061**

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

Signature: \_\_\_\_\_