



Indiana Library Federation

2018 Affiliate/Corporate Membership Application

Memberships extend from January 1 through December 31

Indiana Library Federation leads, educates and advocates to advance library services for the benefit of Indiana residents.

New Member Renewing Member

For Office Use
Date: _____
CC: _____
Ck: _____
PO: _____
222: _____
1-405: _____
<input type="checkbox"/> Database

Please type or print clearly.

Name of Institution: _____

Contact Person: _____ Title (If not Director): _____
This person will receive all ILF mailings

Street Address: _____ E-mail: _____

City, State, Zip Code: _____

Work Phone Number: (_____) _____ Ext. _____ Work Fax Number: (_____) _____

Web Site Address: _____

Membership Dues

Vendor / Affiliate / Corporate\$100

Payment

Membership Dues..... _____

Check: Check Number: _____ *Please make check payable to the Indiana Library Federation*

Credit Card: Visa MasterCard Discover Credit Card Number: _____

Expiration Date: _____ Signature: _____ Date: _____

CVV# _____

Purchase Order: Purchase Order Number: _____

Name of Organization Issuing Purchase Order: _____

Contact Person: _____ Phone Number: (_____) _____

Please return this completed form to:

Indiana Library Federation, 941 E. 86th St. Ste 260, Indianapolis, Indiana 46240
Phone: (317) 257-2040 • Fax: (317) 257-1389 • askus@ilfonline.org • www.ilfonline.org