



# Indiana Library Federation

## 2017 FOIL Group Membership Application

*Friends of Indiana Libraries*

Memberships extend from January 1 through December 31

**Friends/Helping Friends/Help their Libraries**

**Annual Group Membership dues: \$45**

*Please type or print clearly.*

Name of Library: \_\_\_\_\_

Does your group use a specific name different from the library above? If yes, please state your group name:

\_\_\_\_\_

Contact Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of President: \_\_\_\_\_ President's E-mail Address: \_\_\_\_\_  
(this person will receive all ILF communication)

Other contact person: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

The FOIL *Frequent Flyer* (e-newsletter) will be sent the President's e-mail address that you have provided above. You may also choose to have one (1) hard copy send to the library above with **no e-copies**. If others in your group wish to receive the e-newsletter, please provide those names below. Your friends group may request up to three (3) members for the e-newsletter and we ask that they forward it on to others. **Please write legibly!**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Payment

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

**Credit Card:**  Visa  MasterCard  Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ mm/yyyy

Name as it appears on card (Please print): \_\_\_\_\_ CVV# \_\_\_\_\_

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

**Purchase Order:** Purchase Order Number: \_\_\_\_\_

Name of Organization Issuing Purchase Order: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**Please return this completed form and payment option 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