



Indiana Library Federation

2017 Affiliate Membership Application

Memberships extend from January 1 through December 31

The mission of the Indiana Library Federation is to promote all libraries in Indiana and foster the professional growth of its members.

New Member Renewing Member

For Office Use

Date: _____

CC: _____

Ck: _____

PO: _____

222: _____

1-405: _____

Database

This information will be published in the ILF Membership Directory. 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

School Library\$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