Memphis Area Library Council - Personal or Institutional Membership Form

INVOICE

Make check or money order payable to:	**Mail completed form and payment to:**
Memphis Area Library Council	Sarah Newell, MALC Treasurer UTHSC Health Sciences Library, Alexander Building 877 Madison Ave, Memphis, TN 38163

Today's Date: ____/____/_____ **Fiscal Year:** **2024-2025**

Membership Type (circle one): **PERSONAL** **INSTITUTIONAL**

PERSONAL MEMBERS ONLY:

Personal Member Name: _____
Personal Address: _____
City: _____ State: _____ Zip Code: _____
**Email Address (mandatory): _____
Business Address (if applicable):_____
City: _____ State: _____ Zip Code: _____
Personal membership dues are $15.00/year. _____Cash _____Check

INSTITUTIONAL MEMBERS ONLY:

Library Name: _____
Address of Library: _____
City: _____ State: _____ Zip Code: _____ Phone: _____
E-mail: _____ Library's Website: _____

Please enter the names of two institutional representatives in the spaces below. If you do not have representatives chosen at this time you may leave these fields blank. When the information is available, please send it to malctreasurer@gmail.com.
Representative #1: _____
E-mail: _____ Phone: _____
Representative #2: _____
E-mail: _____ Phone: _____

Library Type (circle): Public Academic Special School Other:_____

Dues for Institutional Membership are based on your Library's operating budget. Check the appropriate category and enclose payment in the corresponding amount.

	BUDGET	**DUES**
	Up to $50,000	$35.00
	$ 50,000 -$250,000	$50.00
	$250,001-$400,000	$70.00
	$400,001-$750,000	$90.00
	$750,001 and above	$110.00