



2016 BCALA-CT Membership (Institution) Invoice



(Expires December 31, 2016)

Name of Member: _____

Date: _____

(Name of Institutional member or Individual member)

Address: _____

City _____ State: _____ Zip: _____

Day Phone: _____ Fax: _____ Evening Phone: (optional): _____

E-mail address: _____

(Much of our distribution is via e-mail. Be sure to provide an e-mail address for a primary contact person.)

Please Check Appropriate Membership Category:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Institutional Membership (Organization) (\$100.00) | Contribute To? (fill in \$ amount) |
| <input type="checkbox"/> Library Employee (\$20.00) | |
| <input type="checkbox"/> Non Library Organization (\$150.00) | \$ _____ Program Fund |
| <input type="checkbox"/> Friend of BCALA-CT (\$35.00) | \$ _____ Recruitment Fund |
| <input type="checkbox"/> MLS Student (\$4.00) | \$ _____ Dr. Spencer G. Shaw |
| <input type="checkbox"/> Library Ph.D Student (\$10.00) | Scholarship Fund |

Person designated to cast vote on behalf of your organization:

_____ Their Phone Number: _____

Total Membership Payment (all payments are in US dollars): \$ _____
Payment by Check to BCALA—Connecticut Affiliation

Membership Year is January thru December. Dues are payable in U.S. Bank Check or Money Order: **Send payment to the Treasurer:**

Blanche Parker
BCALA - -Connecticut Affiliation
37 Grandview Avenue

Edition

Norwalk, Connecticut 06850

Thank you for your support!