



**Indiana Black Librarians Network
Annual Membership Application**

PLEASE PRINT. FILL OUT THE APPLICATION COMPLETELY. DO NOT ABBREVIATE.

MEMBERSHIP: New Member _____ Renewal _____

Name _____

Preferred Mailing Address _____

City _____ **State** _____ **Zip** _____

Phone () _____ **Institution** _____

Position/Title _____

Business Address _____

City _____ **State** _____ **Zip** _____

Phone () _____ **Fax ()** _____

E-mail Address _____

(Automatically subscribed to IBLN electronic discussion forum if listed.)

TYPE OF LIBRARY

____ Academic ____ Public ____ Library Education

____ School ____ Special ____ Other

MEMBERSHIP

- ____ Student \$5
- ____ Support Staff \$10 (includes Clerical and Paraprofessional)
- ____ Librarian \$20
- ____ Other \$20 (Please identify _____)
- ____ Scholarship Fund Donation (Amount \$ _____)

Make checks payable to: Indiana Black Librarians Network

Mail to: Jos N. Holman, County Librarian
 Tippecanoe County Public Library
 627 South Street, Lafayette, IN 47901-1470