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2008 Membership Form

- New Member
- Renewal

Personal Information:

First Name _____ MI _____ Last Name _____

Primary Address for ARLIS/NA Directory: *(Skip if you do not wish to be listed – Directory available to members only)*

Title: _____
 Library: _____
 Department: _____
 Organization: _____
 Address 1: _____
 Address 2: _____
 City: _____ State/Prov: _____ Tel: _____
 Zip/Postal Code: _____ Country: _____ Fax: _____
 Email: _____ Website: _____

Mailing Address: *(if different from above)*

Title: _____
 Library: _____
 Department: _____
 Organization: _____
 Address 1: _____
 Address 2: _____
 City: _____ State/Prov: _____ Tel: _____
 Zip/Postal Code: _____ Country: _____ Fax: _____
 Email: _____ Website: _____

- YES! I would like to be included in the ARLIS/NA mailing list.** *(This list is rented to organizations offering products or services of interest to members)*

Membership Categories - Please mark **ONE** of the following membership categories:

Individuals. *Includes free membership in Divisions, Sections and Round Tables (D,S,RTs), Art Documentation, the Handbook and Directory of Members, and access to the members-only section of the ARLIS/NA website.*

- Individual \$85
- Retired/Unemployed \$45
- Student (three year limit) \$45 University of Enrollment _____

Subtotal Individual Membership: US\$ _____

Institutional and Business Affiliates. *Includes a subscription to Art Documentation, the Handbook and Directory of Members and access to the members-only section of the ARLIS/NA website.*

- Institution \$145 (Not-for-profit library, educational, cultural and research institutions **within** Continental North America only)
- Business Affiliate \$145 (For - profit associations located globally and Institutions outside North America)

Subtotal Institution/Business Affiliate Membership: US\$ _____

Overseas. *Includes Art Documentation and Member Handbook only – Limited to Non-North American Recipients*

- Overseas Membership \$65
- Overseas Air Mail Fees \$17

Subtotal Overseas Membership: US\$ _____

PLEASE NOTE: Memberships are maintained on a calendar-year basis. New members will receive all periodical issues for the year in which they join the Society, however, memberships received after October 1 will be entered for the following year. All business is conducted in English. For more detailed information about membership categories and benefits refer to the ARLIS/NA by laws: <http://www.arlisna.org/organization/admindocs/bylaws.html>.

Join the Society Circle

The Society Circle serves as the fundraising organization in ARLIS/NA. In appreciation for your generosity, you will receive a Society Circle ribbon at the annual conference; recognition in both the annual Handbook and Directory of Members and on the ARLIS/NA website; and will be invited to the Society Circle reception at the conference. Members of the Founder's Circle will be specially acknowledged at the conference Convocation.

To join the Society Circle we invite your annual gift at the following levels:

Founder's Circle	Gifts of \$1,000 and above	_____
President's Circle	Gifts of \$500 – 999	_____
Patron Circle	Gifts of \$200 – 499	_____
Member of the Circle	Gifts of \$100 – 199	_____

Please apply it to:

- Conference Speakers Fund Internship Fund Travel Grant Fund Unrestricted Gift to the Society

Please note my contribution in honor/memory of _____

Any level of contribution is welcome. Please select how you would like your donation to be used.

Conference Speakers Fund	\$15	\$25	\$50	Other _____
Internship Fund	\$15	\$25	\$50	Other _____
Travel Grant Fund	\$15	\$25	\$50	Other _____
Unrestricted Gift to the Society	\$15	\$25	\$50	Other _____

ARLIS/NA is registered as a 501 (c) (3) corporation. Contributions to the Art Libraries Society of North America are tax deductible in the United States to the full extent allowed by law.

Subtotal of Donations: US\$ _____

PAYMENT

**TOTAL AMOUNT ENCLOSED
or AUTHORIZED TO CHARGE US\$ _____**

Payment by Credit Card: (select one)
Fax to: (613) 599-7027

- VISA MasterCard
Card Number _____ Expiration Date _____

Authorization Signature: _____

Payment by Check: Payment is requested in US currency drawn on a US bank.

Please make checks payable to: ARLIS/NA
Send check with this form to:
ARLIS/NA Membership
329 March Road, Suite 232, Box 11
Ottawa ON. K2K 2E1 CANADA

Divisions, Round Tables, and Sections Members are entitled to join Divisions, Round Tables, and Sections free of charge. Please mark your interests:

- | | | |
|--|--|---|
| Divisions: | Round Tables: | Sections: |
| <input type="checkbox"/> Academic Library | <input type="checkbox"/> Book Arts | <input type="checkbox"/> Architecture |
| <input type="checkbox"/> Art & Design School Library | <input type="checkbox"/> Women & Art | <input type="checkbox"/> Cataloging |
| <input type="checkbox"/> Museum Library | <input type="checkbox"/> New Art | <input type="checkbox"/> Reference & Information Services |
| <input type="checkbox"/> Visual Resources | <input type="checkbox"/> Serials | |
| | <input type="checkbox"/> Management Issues | |
| | <input type="checkbox"/> Gay & Lesbian Interests | |
| | <input type="checkbox"/> Public Libraries | |
| | <input type="checkbox"/> Space Planners | |
| | <input type="checkbox"/> Decorative Arts | |

Chapters: Please indicate which ARLIS/NA chapter you are a member of (if any). If you are not a member and wish to join, please mark the "Please contact me" field below. (*Chapter dues are additional and vary by Chapter*)

- | | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> Canada | <input type="checkbox"/> Midstates | <input type="checkbox"/> New York | <input type="checkbox"/> Ontario | <input type="checkbox"/> Twin Cities |
| <input type="checkbox"/> Central Plains | <input type="checkbox"/> Montreal-Ottawa-Quebec | <input type="checkbox"/> Northern California | <input type="checkbox"/> Southeast | <input type="checkbox"/> Western New York |
| <input type="checkbox"/> DC/MD/VA | <input type="checkbox"/> Mountain West | <input type="checkbox"/> Northwest | <input type="checkbox"/> Southern California | <input type="checkbox"/> Delaware Valley |
| <input type="checkbox"/> New England | <input type="checkbox"/> Ohio Valley | <input type="checkbox"/> Texas-Mexico | <input type="checkbox"/> Please contact me about the chapter specified. | |

Society Service: ARLIS/NA welcomes all members to volunteer and serve on one of the many committees and groups, or in a leadership position. These committees provide a core service within the society and new member involvement is a vital piece of our growth as an association.

I would like to serve on one of the ARLIS/NA Committees. Specify if possible: _____

Please indicate any affiliated professional associations to which you belong:

- AAM AASL ALA CAA IFLA MCN SAA SAH SLA VRA