



California Library Association

Institutional Membership Invitation



Bill to:

Ship to:

LIBRARY TYPE: Public Academic School Corporate Special Government Law

Other _____

Please provide current contact information for library: Email: _____

Telephone: _____ FAX: _____

INSTITUTIONAL MEMBERSHIP BENEFITS:

- Full time legislative advocacy and support on behalf of California libraries
- Reposting of Press Releases on CLA Blog
- Generous Discounts on Exhibition at Annual Conference
- Subscription to CLA's magazine *Clarion* and monthly e-newsletter *California Libraries*
- Access to CLA's "Member Only" Directory
- 50% Discount on CLA Job Mart listings on CLA web site (\$50 per week per listing)
- Complimentary link on the CLA website _____

Please provide website and/or e-mail address for link

Annual Dues are assessed according to the current annual budget for the library:*

\$10,000,000 - and over	\$1,200
\$5,000,000 - \$9,999,999	\$1,000
\$2,000,000 - \$4,999,999	\$750
\$1,000,000 - \$1,999,999	\$600
\$500,000 - \$999,999	\$500
\$200,000 - \$499,999	\$250
\$199,999 - and under	\$150
Out of State Libraries	\$150

*Annual Budget: _____. Does this budget amount include branches or departments? Yes No
(If yes, please attach list of branches/departments to be included in this membership.)

Amount attached for current calendar year: January 1 to December 31 \$ _____ Check # _____

Credit Card (Visa/Mastercard/AMEX) _____ Exp. Date _____ Security Code _____

Authorized Signature _____ Approval _____

This membership will be paid by the subscription service _____
(name of the service)

Return this form with payment to:

California Library Association ♦ 950 Glenn Drive, Suite 150 ♦ Folsom, CA 95630

Phone 916.233.3298 ♦ Fax 916.932.2209

Code: 2110-000-00