Maryland Library Association Membership Application

Please print or type.

Name ____________________________________________________________________________________

Position _________________________________ Organization ________________________________

Address __________________________________________________________________________________

Phone ___________________ Fax ___________________ Email ____________________________________

Mailing Information (if other than above). Many members prefer to have their MLA mail sent to their home.
_________________________________________________________________________________________

MLA sometimes sells its mailing list subject to approval. Indicate if you want your name included. ☐ YES ☐ NO

Individual Membership

☐ First time member (You will receive a $15 coupon good for any MLA program)

☐ Salaries up to $25,000 $42
☐ $25,001-$30,000 $54
☐ $30,001-$35,000 $66
☐ $35,001-$40,000 $78
☐ $40,001-$45,000 $96
☐ $45,001-$50,000 $108
☐ $50,001-$60,000 $120
☐ $60,001-$70,000 $132
☐ $70,001-$80,000 $144
☐ $80,001-$90,000 $150
☐ $90,001+ $156

Library School Students $18
MASL Members $20
Friends $24
Trustee/Retired $48
Corporate $300

10% advertising discount in the CRAB with membership

Membership Profile

☐ Academic ☐ Consultant ☐ Friend ☐ Library School Student
☐ Public ☐ Retired ☐ School ☐ Special
☐ Trustee ☐ Vendor

Divisions – Please choose one Primary Division

☐ Academic and Research Libraries MD
☐ Associates, Paraprofessionals & Library Support Staff
☐ Children’s Services
☐ Library Management
☐ Public Service
☐ Technical Services
☐ Trustees

Interest Groups

☐ DEAL (Aspiring Librarians)
☐ GIIG (Government)
☐ RAIG (Readers’ Advisory)
☐ SMUG (Social Media)
☐ OSIG (Outreach Services)
☐ TIG (Teen)
Committees
- Annual Conference
- Awards
- Crab
- Fundraising
- Marketing
- Nominations/Elections
- Planning & Bylaws
- Technology

Amount Paid ________________________

Payment Method:  
☐ Check  ☐ VISA  ☐ Mastercard  ☐ Discover

Account Number ____________________________  Expiration Date _________________________

Cardholder’s name ____________________________  Signature ____________________________