



California Library Association

Institutional Membership Invitation



Please verify newsletter addressee versus billing addressee and forward to accounting department, if needed. Make any necessary corrections. **Return this form with payment to assure proper credit.**

Ship to:

Bill to: *(if not the same as newsletter addressee)*

Your subscription of **California Libraries** will be sent to the above addressee unless otherwise indicated.

LIBRARY TYPE: Public Academic School
 Corporate Special Government Law

Other _____

Please provide current phone and fax numbers for library department:

Telephone: _____ FAX: _____

INSTITUTIONAL MEMBERSHIP BENEFITS:

- Full time legislative advocacy and support on behalf of California libraries
- Subscription to CLA's magazine, *Clarion*
- 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 fiscal year: July 1 to June 30 \$ _____

Check # _____ Credit Card (Visa/Mastercard) _____ Exp. Date _____

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 ♦ 4030 Lennane Drive ♦ Sacramento, CA 95834 ♦ Fax 916/447-8394