



# PENNSYLVANIA LIBRARY ASSOCIATION

220 Cumberland Parkway, Suite 10 • Mechanicsburg, PA 17055  
717-766-7663 • 1-800-622-3308 • Fax 717-766-5440 • www.palibraries.org  
*A Chapter of the American Library Association*

## INSTITUTIONAL MEMBERSHIP APPLICATION

Make check payable to PaLA and return this form with payment. You may wish to retain a photocopy of this form for your records.

Please read carefully before completing. Please print.

### Membership

Library or Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Contact Person \_\_\_\_\_  
E-mail \_\_\_\_\_

Please list all Branches/Departments/Divisions  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Membership Investment Schedule

#### MEMBERSHIP (by Library Budget)

Library Budget	Dues Investment
Under 50,000	\$50
50,000 to 99,999	\$60
100,000 to 149,999	\$75
150,000 to 249,999	\$100
250,000 to 349,999	\$200
350,000 to 499,999	\$300
500,000 to 749,999	\$400
750,000 to 999,999	\$500
1,000,000 to 1,499,999	\$1,000 (sustaining)
1,500,000 to 2,499,999	\$1,500 (sustaining)
2,500,000 to 3,499,999	\$2,500 (sustaining)
3,500,000 and above	\$3,500 (sustaining)

Institutional members may include branch, departmental or divisional libraries at \$50 each.

#### Benefits

- Legislative Information & Advocacy
- Library Recruitment Services
- Subscription to *PaLA Bulletin*
- Membership Mailing Labels at Half Price
- 10% Discount for Exhibit Space & Advertising
- Chapter Affiliation
- Free Job Listing on PaLA's Web site

Reduced conference registration rates, however, are available only to **personal** members of PaLA.

**THANK YOU for supporting Pennsylvania's libraries as a member of PaLA.**

Dues Enclosed = \$ \_\_\_\_\_  
 Dues Main Library = \$ \_\_\_\_\_  
 Dues – Branch, Departmental and/or Divisional Libraries = \$ \_\_\_\_\_  
 PaLA Technology Upgrade (add'l support)  
 \$28  \$56  \$112  Other = \$ \_\_\_\_\_  
 Advocacy Fund = \$ \_\_\_\_\_  
**Total Amount Enclosed = \$ \_\_\_\_\_**

Please make check payable to PaLA or charge my  
 Visa  MasterCard Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Card Verification # \_\_\_\_\_  
(The card verification # is the 3 or 4 digit number located on the back of your card in the signature block. Providing this information helps us verify the authenticity of this transaction.)

Signature \_\_\_\_\_