



*Serving school media and  
information technology professionals*

# MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

District # \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_

Home: \_\_\_\_\_

Business: \_\_\_\_\_

Fax: \_\_\_\_\_

email: \_\_\_\_\_

Select Region/s: (please mark one)

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Northwest     | <input type="checkbox"/> Northeast    |
| <input type="checkbox"/> West Central  | <input type="checkbox"/> East Central |
| <input type="checkbox"/> Metro         | <input type="checkbox"/> Southwest    |
| <input type="checkbox"/> South Central | <input type="checkbox"/> Southeast    |

Professional Area: (please mark one)

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Elementary  | <input type="checkbox"/> Jr. High/Middle    |
| <input type="checkbox"/> District    | <input type="checkbox"/> College/University |
| <input type="checkbox"/> Public      | <input type="checkbox"/> Commercial         |
| <input type="checkbox"/> Senior High | <input type="checkbox"/> Other              |

Are you a current member of ALA/AASL? \_\_\_\_\_

Type of Membership: (please circle one)      **New**      **Renewal**

### District/Regional Organization

(Includes two complete memberships (please submit one form for each person receiving a membership.)

- |                                 |          |
|---------------------------------|----------|
| 55,000+ Students (\$950)        | \$ _____ |
| 35,000-55,000 Students (\$750)  | \$ _____ |
| 20,000-35,000 Students (\$550)  | \$ _____ |
| 10,000-20,000 Students (\$400)  | \$ _____ |
| 5,000-10,000 Students (\$300)   | \$ _____ |
| 1,000-5,000 Students (\$200)    | \$ _____ |
| 1,000 or fewer Students (\$150) | \$ _____ |

### Individual/Institutional

- |  |          |
|--|----------|
| Individual \$60/year-\$110/two years       | \$ _____ |
| Institutional \$55/year-\$100/two years    | \$ _____ |
| Media/Technology \$25/year (non-certified) | \$ _____ |
| Retired \$20/year or \$100 lifetime        | \$ _____ |
| Student \$20/year (two year maximum)       | \$ _____ |

### Special Interest Division Membership:

(One SID membership is available at no charge with your MEMO membership. Circle all you wish to join and write free in the blank for one section.)

- |                              |          |
|------------------------------|----------|
| Commercial SID (\$2)         | \$ _____ |
| Information Technology (\$2) | \$ _____ |
| Literature (\$2)             | \$ _____ |

### Donations: (optional)

- |   |          |
|---|----------|
| Fran McDonald Intellectual Freedom Fund | \$ _____ |
| MEMO Special Projects Fund              | \$ _____ |
| MEMO Legislative Lobbyist               | \$ _____ |
| RED FUND Contribution                   | \$ _____ |

|              |          |
|--------------|----------|
| <b>TOTAL</b> | \$ _____ |
|--------------|----------|

Please make check payable to MEMO and mail to:

**MEMO**  
**POB 130555**  
**Roseville, MN 55113**

For more information check the MEMO website  
[www.MEMOweb.com](http://www.MEMOweb.com)