



Please check one:
 Renewal New Life Member

Date: _____

If you are library staff, please specify:

Type of library:

Public Academic
 Special School
 Other: _____

Position:

Administrator Dept. Head
 Faculty / Lecturer Librarian
 Support staff Student
 Other: _____

Mr. Mrs. Ms. Dr. Other _____
 Last name:

First name:

Home address:

Home phone#

Email:

Business name & address (students include school name & address):

Business phone#

Email:

Which is your preferred address for REFORMA mailings?

Home Business

Would like to be added to third party mailing lists?

Yes No
If yes, which address?
 Home Business Both

Can we add you to REFORMA's 2007 listserve? Y N

Preferred email address: Home Business

Can we add you to our 2007 website directory? Y N

Preferred email address: Home Business

Level of Membership
 (please check one)

Personal Membership

Institutional Membership

<input type="checkbox"/> Librarian earning >\$59k / year	\$40.00
<input type="checkbox"/> Librarian earning \$30-59k / year	\$30.00
<input type="checkbox"/> Librarian earning < \$30k / year	\$25.00
<input type="checkbox"/> Library support staff	\$15.00
<input type="checkbox"/> Library trustee / commissioner	\$20.00
<input type="checkbox"/> Library Science student	\$5.00 (Waived first year)
<input type="checkbox"/> Life Membership	\$400.00
<input type="checkbox"/> International Member	Waived
<input type="checkbox"/> Community Supporter / Retiree	\$15.00

<input type="checkbox"/> Library / Library School	\$50.00
<input type="checkbox"/> Corporation	\$200.00
<input type="checkbox"/> Non Profit Organization	\$50.00

ANNUAL DUES ARE PAYABLE EACH CALENDAR YEAR (JAN-DEC.) DUES PAID OCTOBER OR LATER WILL BE CREDITED TO THE FOLLOWING YEAR.

Membership dues: \$ _____

Scholarship Fund: \$ _____

Grand total: \$ _____

Payment by: check money order

Chapter Affiliation

(Chapter and At-Large members are automatically National Members)

Check one: I choose to be a Member-At-Large (no chapter affiliation) I choose to be affiliated to the chapter below (choose one)

<input type="checkbox"/> ¡Arriba!	<input type="checkbox"/> Heartland	<input type="checkbox"/> Orange County
<input type="checkbox"/> Bibliotecas para la Gente	<input type="checkbox"/> Libros	<input type="checkbox"/> Puerto Rico
<input type="checkbox"/> Carolina	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> Rio Trinidad
<input type="checkbox"/> Central Arizona	<input type="checkbox"/> Midwest	<input type="checkbox"/> Estrella de Tejas
<input type="checkbox"/> Colorado	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Tucson
<input type="checkbox"/> Corazón de Tejas	<input type="checkbox"/> Nevada	<input type="checkbox"/> Utah
<input type="checkbox"/> DC Metro	<input type="checkbox"/> New Mexico	
<input type="checkbox"/> El Paso	<input type="checkbox"/> Northeast	
<input type="checkbox"/> Florida	<input type="checkbox"/> Northwest	

For information on REFORMA, its chapters, or its committees, please visit: <http://www.reforma.org>

Special interests or skills you would like to share with REFORMA:

I'm interested in these REFORMA Committees, etc. (check as many as desired):

<input type="checkbox"/> Children & YA	<input type="checkbox"/> Legislative	<input type="checkbox"/> Translations
<input type="checkbox"/> Education	<input type="checkbox"/> Lib. of the Year	<input type="checkbox"/> Program
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Membership	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Inf. Technology	<input type="checkbox"/> Recruitment & Mentoring	<input type="checkbox"/> Belpré Award
<input type="checkbox"/> Intl. Relations	<input type="checkbox"/> Mora Award	<input type="checkbox"/> Review Editor
<input type="checkbox"/> Newsletter		<input type="checkbox"/> Scholarship

Mail application and payments to:

REFORMA National Office
 c/o Sandra Rios Balderrama
 PO BOX 4386
 Fresno, CA 93744

Make checks or money orders payable to:
 REFORMA

MEMBERSHIP APPLICATION 2007