



Membership Application 2006

Please check one:
 Renewal New Lifetime

Mr. Mrs. Ms. Dr

Date:

Last name:

First name:

MI:

Home address:

City/State/Zip:

Phone number:

E-mail:

Business address:

City/State/Zip:

Phone number:

E-mail:

Which address do you prefer to receive REFORMA mailings?

Home Business

Do you want to be added to mailing lists that can be shared with others?

Yes No

If library staff:

Type of library: Public Academic Special School Other: _____
 Title: Administrator Dept. Head Faculty / Lecturer Librarian Support staff Student Other: _____

Would you like to be added to the REFORMANET Listserve? Yes No

Preferred e-mail address: H W

Would you like to be included in our website member directory? Yes No

Preferred e-mail address: H W

Level of Membership (check one)

| Personal Membership | | Institutional Membership | |
|---|---------------------------------------|---|-----------------|
| <input type="checkbox"/> Librarian earning >\$60k/yr | \$40.00 | <input type="checkbox"/> Library / Library School | \$50.00 |
| <input type="checkbox"/> Librarian earning \$30-59k/year | \$30.00 | <input type="checkbox"/> Corporation | \$200.00 |
| <input type="checkbox"/> Librarian earning \$29k or less/year | \$25.00 | <input type="checkbox"/> Non-profit Organization | \$50.00 |
| <input type="checkbox"/> Library Support Staff | \$15.00 | Membership Dues: \$ _____ Contribution to REFORMA Scholarship Fund: \$ _____ Grand Total: \$ _____ Payment by: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order | |
| <input type="checkbox"/> Library Trustee / Commissioner | \$20.00 | | |
| <input type="checkbox"/> Library Science student | \$5.00 (waived for first year) | | |
| <input type="checkbox"/> Life Member | \$400.00 | | |
| <input type="checkbox"/> International Personal Member | \$10.00 | | |
| <input type="checkbox"/> Community Supporter / Retiree | \$15.00 | | |

Note: Chapter Members and Members-At-Large are automatically National REFORMA Members

Check one:

I choose to be a Member-At-Large (no chapter affiliation)

I choose to be affiliated with a chapter (choose one below)

- | | | |
|--|--|--|
| <input type="checkbox"/> Arriba! (SE Texas) | <input type="checkbox"/> Heartland (KS,MO,NE,MN) | <input type="checkbox"/> Orange County Chapter (CA) |
| <input type="checkbox"/> Bibliotecas para la Gente (N. California) | <input type="checkbox"/> Inland Northwest (WA,OR,ID) | <input type="checkbox"/> Pacific Northwest (WA,OR) |
| <input type="checkbox"/> Carolina Chapter | <input type="checkbox"/> Libros (San Diego, CA) | <input type="checkbox"/> Puerto Rico Chapter |
| <input type="checkbox"/> Central Arizona Chapter | <input type="checkbox"/> Los Angeles Chapter | <input type="checkbox"/> Rio Trinidad (Dallas, TX) |
| <input type="checkbox"/> Colorado Chapter | <input type="checkbox"/> Midwest Chapter (IL,IN,WI) | <input type="checkbox"/> San Antonio Chapter (TX) |
| <input type="checkbox"/> Corazón de Texas (Austin, TX) | <input type="checkbox"/> Minnesota Chapter | <input type="checkbox"/> Tarrant County Chapter (TX) |
| <input type="checkbox"/> DC Metro Chapter (DC, MD, VA) | <input type="checkbox"/> Nevada Chapter | <input type="checkbox"/> Tucson Chapter (AZ) |
| <input type="checkbox"/> El Paso (TX) | <input type="checkbox"/> New Mexico Chapter | <input type="checkbox"/> Utah Chapter |
| <input type="checkbox"/> Florida Chapter | <input type="checkbox"/> Northeast Chapter (PA,NJ,NY,CT,RI,MA) | |

Special interests or skills you are willing to share with REFORMA members:

National REFORMA Committee interests (check as many as you wish):

- Children's & YA Services Education Fundraising Information Technology
 International Relations Legislative Trejo Librarian of the Year Membership
 Mentoring Raúl & Estela Mora Award Newsletter Program Public Relations
 Pura Belpré Award Review Editor Scholarship Translations

Mail application and payments to:

National REFORMA Office
 P.O. Box 25963
 Scottsdale, AZ 85255-0116

Make checks payable to: REFORMA