

ILA INSTITUTIONAL MEMBERSHIP APPLICATION

Name of Institution: _____

Contact Person: _____

Title: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-Mail: _____ Web site: _____

Library System: _____

Annual Dues—based on POPULATION

Public Libraries and Systems

| Population | Dues |
|---|---------|
| A <input type="checkbox"/> 0 – 1,000..... | \$55 |
| B <input type="checkbox"/> 1,001 – 2,500..... | \$75 |
| C <input type="checkbox"/> 2,501 – 5,500..... | \$95 |
| D <input type="checkbox"/> 5,501 – 12,500..... | \$140 |
| E <input type="checkbox"/> 12,501 – 20,000..... | \$175 |
| F <input type="checkbox"/> 20,001 – 45,000..... | \$235 |
| G <input type="checkbox"/> 45,001 – 80,000..... | \$350 |
| H <input type="checkbox"/> 80,001 – 125,000..... | \$575 |
| I <input type="checkbox"/> 125,001 – 150,000..... | \$675 |
| J <input type="checkbox"/> 150,001 – 250,000..... | \$750 |
| K <input type="checkbox"/> 250,001 – 500,000..... | \$1,050 |
| L <input type="checkbox"/> 500,001 – 1,000,000..... | \$1,600 |
| M <input type="checkbox"/> 1,000,001 – 1,500,000..... | \$2,750 |
| N <input type="checkbox"/> 1,500,001 – 2,000,000..... | \$3,600 |
| O <input type="checkbox"/> 2,000,001 and over..... | \$8,250 |

Higher Education

| Based on total enrollment | Dues |
|---|-------|
| A <input type="checkbox"/> 0 – 1,000..... | \$75 |
| B <input type="checkbox"/> 1,001 – 2,500..... | \$95 |
| C <input type="checkbox"/> 2,501 – 5,500..... | \$140 |
| D <input type="checkbox"/> 5,501 – 12,500..... | \$175 |
| E <input type="checkbox"/> 12,501 – 20,000..... | \$240 |
| F <input type="checkbox"/> 20,001 and over..... | \$360 |

Elementary & Secondary Schools/School Districts

| | |
|---|------|
| A <input type="checkbox"/> Flat rate..... | \$90 |
|---|------|

Special Libraries/Friends of Libraries/ Library Advocacy Organizations

| | |
|---|-------|
| A <input type="checkbox"/> Flat rate..... | \$100 |
|---|-------|

Payment

Check or Money Order enclosed for \$ _____ payable to Illinois Library Association.

Charge \$ _____ to my: Visa MasterCard

Account Number: _____

Expiration Date: _____

Name of Credit Card Holder: _____

Signature: _____

Membership Includes:

- ILA Reporter subscription
- Membership directory
- Active legislative voice
- One coupon (per \$25 dues paid) for individual registration at member rates for any ILA educational event

ILA Executive Office

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