



Indiana Black Librarian Network

Annual Membership Application

Mission Statement: We propose to provide an opportunity for black librarians to exchange and share ideas, collaborate on library-related projects, promote professional development activities, sponsor scholarship initiatives, serve as a network for the sharing of information between librarians and para-professionals throughout the State of Indiana, and to establish channels of communication between black librarians and para-professionals state-wide.

Membership runs from July 1st - June 31st **NEW MEMBERSHIP** **RENEWAL**

All current and prospective members of IBLN are required to complete this registration form annually. Please print and fill out completely. Do not abbreviate.

SECTION 1: MEMBER CONTACT INFORMATION

NAME	
PREFERRED MAILING ADDRESS	
CITY & STATE & ZIPCODE	
POSITION/TITLE	
INSTITUTION	
BUSINESS ADDRESS	
CITY & STATE & ZIPCODE	
PERSONAL & BUSINESS PHONE	
PERSONAL EMAIL	
BUSINESS EMAIL	

(Members are automatically subscribed to IBLN electronic discussion forum; please indicate preference: personal business)

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

Type of Library: Academic Public LIS Student School Special Other _____

MEMBER TYPE	MEMBERSHIP DUES (Annual)	Please Check
LIBRARIAN	\$20	
SUPPORT STAFF (clerical/paraprofessional)	\$10	
STUDENT	\$5	
OTHER (please identify)	\$20 _____	
SCHOLARSHIP FUND DONATION	Amount (\$): _____	

SECTION 3: MEMBER INFORMATION

Please indicate if you would be willing to **serve on a chapter committee**:
 Yes Not at this time Is there a specific committee you would like to serve on? _____

Permission to use photographic images:
Photographs of IBLN members may be used in various IBLN communications including the newsletter and website. Group photographs taken at IBLN events may be used without identifying and notifying individual members. For individual photographs, please indicate your permission for use:
_____ IBLN has my permission to use and identify photographs of me.
_____ IBLN does not have permission to use and identify photographs of me.
_____ IBLN must contact me before using any identified photographs of me in IBLN communications.

Make checks payable to: Indiana Black Librarians Network
For payments via paypal: inblacknet@gmail.com

Mail To: Nichelle M. Hayes MPA, MLS, Public Services Librarian
Central Branch – Indianapolis Public Library
40 E. Saint Clair, Indianapolis, Indiana 46204

Office Use Only	
Payment Method:	_____
Amount Paid:	_____
Date Paid:	_____
Member Initials:	_____