



ILA ASSOCIATE MEMBERSHIP APPLICATION

Name of Company: _____

Contact: _____

Mailing Address: _____

City/State/Zip Code: _____

Work Phone: _____ Area Code/Number Fax: _____ Area Code/Number

E-mail: _____ Web site: _____

- Flat rate \$100
- ILA Handbook of Organization & Membership Directory (optional)*..... \$15

Membership Includes:

- Advertising discounts
- Exhibit space discounts
- Advance booth selection
- List rental discounts
- *ILA Reporter* subscription
- Unique sponsorship and advertising opportunities
- Special recognition at ILA conferences and events

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: _____