

**SOUTH DAKOTA LIBRARY ASSOCIATION
INSTITUTIONAL MEMBERSHIP APPLICATION
www.sdlibraryassociation.org**

Membership year runs January through December.
Dues received after September 1 will be credited to the following year.
Please be sure to complete all appropriate sections of the membership application form.

New membership _____ or renewal _____?

INSTITUTIONAL MEMBERS: Sliding scale based on annual library budget.

- Total library budget up to \$25,000, pay \$15.00
- Budgets between \$25,000 and \$50,000 pay \$25.00
- All others pay \$35.00 plus \$5.00 per \$25,000
or any part thereof, over \$50,000

ENTER INSTITUTIONAL MEMBERSHIP DUES HERE \$ _____

Make checks payable to the **South Dakota Library Association**. Canceled check is your receipt.

Mail form & check to: **SDLA, 28363 472nd Ave, Worthing, SD 57077.**

Institution Name _____

Address 1 _____

Address 2 _____

City _____ State _____

Zip _____

Phone _____

Email _____

Library Web Site URL _____