ARLIS/NA Upstate New York
arlisupstateny.org

ARLIS/NA UPSTATE NEW YORK MEMBERSHIP FORM

Membership covers a calendar year, January 1 to December 31.

NAME: ______________________________________________________________________

JOB TITLE: __________________________________________________________________

INSTITUTION: ________________________________________________________________

LIBRARY/DEPARTMENT: ______________________________________________________

STREET ADDRESS: ___________________________________________________________

CITY: ______________________________________ STATE: ____ ZIP CODE: _______

LIBRARY WEBSITE: ___________________________________________________________

WORK PHONE: ______________________________ OTHER PHONE: __________________

WORK EMAIL: _______________________________ OTHER EMAIL: ___________________

_____ Check here if you are renewing your membership

_____ Check here if you are a new member

MEMBERSHIP CATEGORIES (choose one)

_____ Associate $25 (Does not require membership to ARLIS/NA)

_____ Retired/Unemployed $10 (Does not require membership to ARLIS/NA)

_____ Student free

Optional contribution toward events/programs (i.e. travel award fund): $________

TOTAL AMOUNT ENCLOSED: $________

Please return this form with your check payable to ARLIS Upstate New York to:

Marcie Farwell, ARLIS/NA Upstate NY Treasurer
Division of Rare and Manuscript Collections
2B Kroch Library
Cornell University Library
Ithaca, NY 14853