

MEMBERSHIP FORM

Membership year is **July 1 - June 30**



Completed form and a check made out to **WPWVC/ACRL** should be mailed to:

WPWVC/ACRL
c/o Marcia Rapchak - WPWVC Treasurer
611 Information Sciences Bldg
135 N. Bellefield Ave.
Pittsburgh, PA 15213

I am a: New Member Renewing Member

Check the appropriate membership category:

- Individual Professional Membership: \$15 per year
- Student/Retiree Membership: \$10 per year

Last Name

First Name

Position Title

Library / Institution

Street Address

City

State

Zip Code

Email

Phone (work/cell/home)

I would be interested in...

- hosting an event (meeting or program) at my organization YES NO
- serving in a chapter leadership role YES NO
- serving on a committee/volunteering YES NO

If yes, please check your choice below:

- Communications
- Membership
- Nominations
- Professional Development
- Program