MEMBERSHIP FORM

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

Western Pennsylvania ACRL Chapter / West Virginia

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

WPWVC-ACRL
c/o Marcia Rapchak - WPWVC Treasurer
Gumberg Library - Duquesne University
600 Forbes Avenue - Pittsburgh, PA 15282

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

I would be interested in serving on a committee/volunteering: ❑ YES ❑ NO

If yes, please check your choice below:

❑ Communications ❑ Membership ❑ Program ❑ Other _____