MEMBERSHIP FORM

Membership year is July 1 - June 30



Completed form and a Check made out to	WPWVC/AC	RL should	be mailed	to:	
WPWVC-ACRL					
c/o Megan Heady - WPWVC Treasurer					
Evansdale Library - West Virginia University					
P.O. Box 6105 - M	lorgantowr	1, WV 26	5506		
I am a: New Member Renewin	g Member				
Check the appropriate membership catego	ry:				
Individual Professional Membership: \$15 per year					
Student/Retiree Member	ership: \$10	per year			
Last Name	First Na	me			
		7			
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	m) at my org	anization	☐ YES	☐ NO	
- serving in a chapter leadership role			☐ YES	□ NO	
- serving on a committee/volunteering	5		☐ YES	☐ NO	
If yes, please check your choice below:					
☐ Communications ☐ Membershin ☐	Nomination	s \prod Dr	nfessional [)evelonment	☐ Program