

**Twin Cities Area Church Library Association
2016 MEMBERSHIP APPLICATION**

Check one: New _____ Renewal _____

Name of church, library or individual member:

Church Denomination: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Email: _____

Librarian's name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Email: _____

Mail paper copy of *Off the Shelf* newsletter to:

Check one: Church address _____ Librarian address _____ **and/or**

***e-mail copy of *Off the Shelf* newsletter to:**

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

*No additional cost but church, library or individual TCACLA membership required.

See other side

Mail additional paper copies of *Off the Shelf* newsletter @ \$5.00/year to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

AMOUNT OWED:

Dues \$12.00

Extra paper newsletters _____ x \$5.00 = \$_____

Total enclosed \$_____

Make checks payable to TCACLA

Mail to:

Deanna Gordon
1600 Maryland Ave So
St. Louis Park, MN 55426

Questions:

Call 952.544.5684 or e-mail dgordon@iphouse.com.