

TWIN CITIES AREA CHURCH LIBRARY ASSOCIATION

2019 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: _____

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

Check one: Church address ____ Librarian address ____ N/A ____

Note: The paper copy is printed 3 times annually; summer is e-mail only. Mail extra paper copies of *Off the Shelf* newsletter @ \$5.00/year to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Email: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Email: _____

Name(s) of automated systems used in the library, if any: _____

AMOUNT OWED:

Dues \$20.00

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

Total enclosed \$ _____

Make checks payable to TCACLA

Mail to:

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

Questions:

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