



ARLIS/NA Upstate New York
arlisupstateny.org

ARLIS/NA UPSTATE NEW YORK MEMBERSHIP FORM

Membership covers a calendar year, January 1 to December 31.

NAME: _____

JOB TITLE: _____

INSTITUTION: _____

LIBRARY/DEPARTMENT: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LIBRARY WEBSITE: _____

WORK PHONE: _____ OTHER PHONE: _____

WORK EMAIL: _____ OTHER EMAIL: _____

____ Check here if you are renewing your membership

____ Check here if you are a new member

MEMBERSHIP CATEGORIES (choose one)

- ____ Associate **\$25** (Does not require membership to ARLIS/NA)
- ____ Retired/Unemployed **\$10** (Does not require membership to ARLIS/NA)
- ____ Student **free**

Optional contribution toward events/programs (i.e. travel award fund): \$_____

TOTAL AMOUNT ENCLOSED: \$_____

*Please return this form with your check payable to **ARLIS Upstate New York** to:*

Marcie Farwell, ARLIS/NA Upstate NY Treasurer
Division of Rare and Manuscript Collections
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