



Membership Application 2016-2017

Membership: \$15.00

Please fill out this form, print it, and mail it with your check made payable to WALA for \$15.00 to:

Kendra Mork, WALA Treasurer
Goddard Public Library
201 N. Main
P.O. Box 443
Goddard KS 67052

Member Information

Name

Position

Institution

Street Address

City, State, Zip

Phone Number

E-mail

Home street address (optional)

Home City, State, Zip (optional)

Phone Number

E-mail

Should WALA correspondence be addressed to you: at work
 at home

Would you like a receipt?: Yes No

Memberships are from July 1 through June 30 each year.

Is this a.. renewal
 new membership

If this is a renewal, have you had a change in...
 name position
 Institution home address

Please supply any OLD information here. This will help us to keep our mailing list up-to-date.

Old information: