Print Form



## **Membership Application**

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

Regular Membership: \$15.00 Student Membership: \$5.00

Julie Mills, WALA Treasurer Park City Public Library 2107 East 61st St N Park City, KS 67219

Date of application			
lember Informatio	n		
Name			
Position			
Institution			
Street Address			
City, State, Zip			
Phone Number			
Email			
Home street address (optional)			
Home City, State, Zip (optional)			
Phone Number			
Email			
hould WALA correspond	ence be addressed to you: O at work/scho	ool	
	at home	Would you like	a receipt?:  Yes  No
	Memberships are from July	1 through June 30 each year	·.
this a  renewal		If this is a renewal, h	ave you had a change in
new membership		name	position
Student m		Institution	home address
Please supply any OLI	O information here. This will help us to k	eep our mailing list up-to-date.	