



MOHAVE LIBRARY ALLIANCE

“Working Together Means Winning Together”

Mohave Library Alliance Membership Application

(Please TYPE or PRINT clearly)

Today's Date: _____

Please Check One: **New Member** _____ **or** **Renewal** _____

Select ONE MEMBERSHIP TYPE:

General Membership (Non-voting) _____

Voting Membership (\$15.00 per year) _____

*****PLEASE COMPLETE THE FOLLOWING INFORMATION*****

Name & Title _____

School/Organization: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip** _____

Telephone: () _____ **Fax:** () _____

E-mail: _____

Select the CLUSTER GROUP nearest to you:

Arizona Strip _____ **Kingman:** _____ **La Paz** _____ **Lake Havasu** _____ **Bullhead City** _____

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Mail this completed form along with your check (if applicable) payable to
Mohave Library Alliance, P.O. Box 4191, Kingman, AZ 86402-4191

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*******MLA USE ONLY*******

Date Received/Paid: _____ **Amount:** _____ **Ck. Number** _____

Check Mailed to Treasurer: _____ **Copy of App. Mailed to Mbr. Director:** _____

Initials: _____