



**2020 - 2021
PERSONAL
AFFILIATE MEMBERSHIP**

Application Form

Personal Affiliate Membership in SWFLN is a way individuals can participate in and support the organization. With your personal affiliate membership you will receive notices of all events, and be invited to the membership meetings. Personal affiliates are also entitled to two free workshops each year. Registrations for more than two workshops will be accepted; however, they will be placed on the waiting list. Five days before the workshop, we will contact you and let you know if there are seats available.

Personal Affiliate Members may have the opportunity to assist SWFLN in a number of ways. Please indicate below ways in which you would be willing to assist the organization: (Serve on a committee, chair an interest group, write articles for the newsletter, etc.)

Dues are for the fiscal year October 1, 2020 through September 30, 2021. Information you provide on the other side of this form may be shared among the membership.

Dues Scale: (check one)

- | | | |
|---|--|-------------|
| <input type="checkbox"/> | Retiree or Student of Library & Information Science | \$20 |
| Individual library supporter with a salary of: | | |
| <input type="checkbox"/> | Less than \$20,000 | \$25 |
| <input type="checkbox"/> | \$20,000 - \$29,999 | \$30 |
| <input type="checkbox"/> | \$30,000 - \$39,999 | \$35 |
| <input type="checkbox"/> | \$40,000 or more | \$40 |

(If you are in a position to provide additional support for our organization, donations are gratefully accepted. SWFLN is a 501(c)(3) non-profit organization. Any donation beyond the dues payment is tax deductible.)

Make checks payable to SWFLN and return with this completed form to:

**Southwest Florida Library Network
13120 Westlinks Terrace
Unit 3
Fort Myers, Florida 33913**

Phone: (239) 313 - 6338
Fax: (239) 230-2739
E-mail: luly@swfln.org

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SWFLN PERSONAL AFFILIATE MEMBERSHIP

Membership for October 1, 2020 – September 30, 2021

Name	Mailing Address
Title	Street or P. O. Box
Institution Name	City State ZIP
Business Phone	Primary E-mail Address
Fax Number	Home Phone (Optional)

Information provided on this form will be included in the Membership Directory

Type of Institution with which you are affiliated:

- | | |
|---|--|
| <input type="checkbox"/> Academic | <input type="checkbox"/> School Library Media Center |
| <input type="checkbox"/> Museum | <input type="checkbox"/> Special: _____ |
| <input type="checkbox"/> Public Library | <input type="checkbox"/> Other: _____ |

Areas of Interest:

COMMITTEES

- Audit
- Bylaws
- Continuing Education
- Legislative
- Membership
- Nominating
- Program
- Resource Sharing

INTEREST GROUPS

- Archives, Genealogy, and Local History
- Cataloger's
- Computer
- Reference
- Youth Services
- Other: _____
- Other: _____
- Other: _____