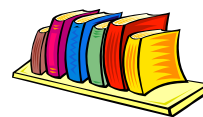




# New Mexico Municipal Librarians Association



## MEMBERSHIP APPLICATION

(Please Print or Type)

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Title: \_\_\_\_\_

Entity/Municipality: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street/City/Zip

Billing Address: \_\_\_\_\_

Street/City/Zip

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

### ANNUAL DUES

- 2024-2025 Membership is effective from July 1<sup>st</sup> – June 30<sup>th</sup> upon receipt of payment.
- If you must reference a purchase order for your billing purposes, please indicate PO# below.
- Checks payable to NM Municipal Librarians Association or NMMLA.
- For membership questions: Contact NMMLA Liaison Jackie Portillo at [jportillo@nmml.org](mailto:jportillo@nmml.org).

☐ \$50.00 **Full Membership:** persons who are municipal librarians, assistant municipal librarians, or other librarians and staff employed by municipal libraries. Membership includes all librarians and staff employed by that municipal library.

☐ \$35.00 **Retired Membership:** Retired members of the Municipal Librarians Association.

Invoice #	PO #	Invoice Date	Notice Date	Due Date	Balance Due
Payment Type: <input type="checkbox"/> Check <input type="checkbox"/> AMEX <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> Discover					
Name on Card:					
Check # Payable to NMMLA / Credit Card #:			Exp (mm/yy)	CVV	
Card Billing Address: (include City/State/Zip) – if different from above.					
Amt. Paid:		Pmt. Date:			

Signature (credit card only)

Complete this form and mail or email to:

Membership  
New Mexico Municipal League  
P.O. Box 846  
Santa Fe, NM 87504-0846  
[membership@nmml.org](mailto:membership@nmml.org)  
Fax: 505-984-1392