

WNBA DETROIT MEMBERSHIP APPLICATION

NAME					
June 1, 2010 – May 31, 2011 Membership Year		Please PRINT CLEARLY or TYPE		* List in Directory?	
				Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
Home Address					
Home City/State/Zip					
Home Phone		Personal Cell Phone			
Home/Personal Email		Personal Website			
Employer					
Position/Title					
Business Address					
City/State/Zip					
Business Phone		Business FAX			
Business Email		Business Website			

Preferred Mailing Address: Home? Work? Preferred E-mail Address: Home? Work?

Networking: Please indicate <input checked="" type="checkbox"/> the categories that best describe your work or interests.			
<input type="checkbox"/> Administration/Finance	<input type="checkbox"/> Bookseller	<input type="checkbox"/> Indexer	<input type="checkbox"/> Researcher
<input type="checkbox"/> Advertising/Promotion	<input type="checkbox"/> Bookstore	<input type="checkbox"/> Journalist	<input type="checkbox"/> Retired _____
<input type="checkbox"/> Agent	<input type="checkbox"/> Community Service	<input type="checkbox"/> Librarian	<input type="checkbox"/> Reviewer/Critic
<input type="checkbox"/> Artist/Designer	<input type="checkbox"/> Consultant	<input type="checkbox"/> Library Administrator	<input type="checkbox"/> Sales/Marketing
<input type="checkbox"/> Attorney	<input type="checkbox"/> Copy	<input type="checkbox"/> Library Staff	<input type="checkbox"/> Subsidiary Rights
<input type="checkbox"/> Author	<input type="checkbox"/> Editor/Proofreader	<input type="checkbox"/> Media Specialist	<input type="checkbox"/> Teacher/Instructor
<input type="checkbox"/> Author-Children's Literature	<input type="checkbox"/> Desktop Publishing	<input type="checkbox"/> Other _____	<input type="checkbox"/> Technical Writer/Editor
<input type="checkbox"/> Author-Fiction	<input type="checkbox"/> Editor	<input type="checkbox"/> Permissions/Copyright	<input type="checkbox"/> Translator
<input type="checkbox"/> Author-Nonfiction	<input type="checkbox"/> Electronic Publishing	<input type="checkbox"/> Poet	<input type="checkbox"/> Web Designer
<input type="checkbox"/> Book Club	<input type="checkbox"/> Exhibitions (Library/Museum)	<input type="checkbox"/> Print/Film/Broadcast Media	<input type="checkbox"/> Wholesaler/Distributor
<input type="checkbox"/> Book Packager	<input type="checkbox"/> Freelance Editor	<input type="checkbox"/> Professional Training	<input type="checkbox"/> Writer
<input type="checkbox"/> Book Production/Mfg.	<input type="checkbox"/> Freelance Writer	<input type="checkbox"/> Proposal Writer/Editor	
<input type="checkbox"/> Book Trade/Allied Assn.	<input type="checkbox"/> Human Resources/Recruitment	<input type="checkbox"/> Publicity/Public Relations	
		<input type="checkbox"/> Publisher	

* I (do) (do not) give permission for WNBA to list my contact/membership information, as I have specified above, in its online WNBA National Membership Directory. This directory is in a secure, password-protected area of the Website: www.wnba-books.org. Only WNBA members will have access to the National Membership Directory and the password is changed annually.

Member Signature: _____ Date: _____

Membership Dues Categories: \$30 Member \$50 Friend \$75 Patron \$100 Benefactor

Amount of Dues Enclosed \$ _____ (WNBA is a 501(c) 3 Charity; the amount of any dues beyond the basic cost of \$30 is tax deductible.) New members who join in April-May will have their memberships extended through the following membership year.

Make Check Payable to: WNBA Detroit Mail to: WNBA Detroit, c/o Margaret Auer, 28444 Los Olas Drive, Warren, MI 48093-8213