

TWIN CITIES AREA CHURCH LIBRARY ASSOCIATION
2025 MEMBERSHIP APPLICATION

Check one: New _____ Renewal _____

Name of church, library, or individual: _____

Church Denomination: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Librarian's name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

***e-mail copy of *Off the Shelf* newsletter to:**

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

*No additional cost but church, library or individual TCACLA membership required.

See other side

Mail a paper copy of *Off the Shelf* newsletter to:

Check one: Church address _____ Librarian address _____ Other: _____

Note: The paper copy is printed 3 times annually; summer is e-mail only. Mail extra paper copies of *Off the Shelf* newsletter @ \$7.50/year to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Email: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Email: _____

Name(s) of automated systems used in the library, if any: _____

AMOUNT OWED:

Dues: \$15.00

Extra paper newsletters: _____ x \$7.50 = \$ _____

Total enclosed \$ _____

Make checks payable to TCACLA

Mail to: Roberta Shaw
940 Franklin Ter Apt 404
Minneapolis MN 55406-1136

Questions: Call Roberta at 651.206.6334 or e-mail roberta.shaw@yahoo.com.