

# Application for SALALM Membership 2009/2010

NAME: \_\_\_\_\_  
Surname First Name Title

INSTITUTIONAL NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

INSTITUTIONAL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Zip/Country

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Zip/Country

PREFERRED MAILING ADDRESS (check one) [ ] INSTITUTIONAL [ ] HOME

## TYPE OF MEMBERSHIP (Check one)

First time Personal Membership: \$50.00	\$ _____
*Personal: \$75.00	\$ _____
*Personal (Latin America, Puerto Rico, Caribbean): \$40.00	\$ _____
Paraprofessional/Student: \$30.00	\$ _____
Paraprofessional/Student (Latin America, Puerto Rico, Caribbean): \$15.00	\$ _____
Emeritus: \$30.00	\$ _____
Emeritus (Latin America, Puerto Rico, Caribbean): \$15.00	\$ _____
Institutional (All countries): \$110.00	\$ _____
Institutional Sponsoring Member (All countries): \$500.00	\$ _____

*\*Please note these amounts have change.*

Contribution to the Marietta Daniels Shepard Scholarship Endowment	\$ _____
Contribution to Enlace Program	\$ _____
Contribution to the SALALM Endowment	\$ _____
Members outside the U.S. may add \$10.00 Airmail Fee	\$ _____
Credit card handling fee: \$3.00	\$ _____

All currency in U.S. dollars

TOTAL: \$ \_\_\_\_\_

CHECK\_\_ VISA\_\_ MASTERCARD\_\_ EXPIRATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

CARD NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3 SECURITY DIGITS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please fill out form and send with payment to:

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