



Ohio Library Council INSTITUTIONAL MEMBERSHIP

Name of Institution: _____

Contact Name: _____

Address: _____

City, State ZIP: _____

Telephone: _____ E-Mail: _____

Membership Fee

Public Libraries: Annual dues based upon a formula of 0.27% of previous year's Public Library Fund distribution plus 0.055% of the previous year's local property tax receipts.

All Other Institutions: \$250 (annually)

Payment options

___ Check [Payable to: Ohio Library Council]

___ Credit Card: ___ Visa ___ MasterCard ___ American Express

Name on Card: _____

Card Number: _____

Exp. Date: _____ Sec. Code: _____

Signature: _____

Mail to: Ohio Library Council
1105 Schock Rd., Ste. 440
Columbus, OH 43229-1167

Questions? Call (614) 410-8092

or Fax: (614) 410-8098