

Network Membership Application Form

Membership Year is June 1–May 31

Network Membership is open to anyone who does not live in a city with a WNBA chapter. You may affiliate with any WNBA chapter and enjoy all rights, privileges, and benefits extended by that chapter to its members. Simply print and fill out this form.

| Contact Information | Please Print | List in Directory? | |
|---------------------|--------------|--------------------------|--------------------------|
| | | Yes | No |
| Name | | | |
| Home address | | <input type="checkbox"/> | <input type="checkbox"/> |
| City/State/Zip | | <input type="checkbox"/> | <input type="checkbox"/> |
| Home phone | | <input type="checkbox"/> | <input type="checkbox"/> |
| Employer | | <input type="checkbox"/> | <input type="checkbox"/> |
| Position/Title | | <input type="checkbox"/> | <input type="checkbox"/> |
| Business address | | <input type="checkbox"/> | <input type="checkbox"/> |
| City/State/Zip | | <input type="checkbox"/> | <input type="checkbox"/> |
| Business phone | | <input type="checkbox"/> | <input type="checkbox"/> |
| E-mail address | | <input type="checkbox"/> | <input type="checkbox"/> |
| Web site | | <input type="checkbox"/> | <input type="checkbox"/> |
| FAX | | <input type="checkbox"/> | <input type="checkbox"/> |

Preferred Mailing Address: Home Work

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

Although my name and chapter affiliation will appear in the Directory, I (do) (do not) give permission for WNBA to publish my contact/membership information in its online WNBA National Membership Directory. This information will reside in a password-protected area of the Web site: www.wnba-books.org. I understand that only WNBA members will have access to the National Membership Directory and that the password is changed annually.

Member Signature: _____ Date: _____

Make check payable to WNBA for \$50. Mail your check and the completed form to the chapter of your choice. See next page for chapter address and contact information.

Chapter Contacts

Mail your check and membership form to the mailing address below. For answers to questions, use the membership chair's e-mail address below the mailing address.

Boston: WNBA/Boston Chapter
P.O. Box 230449
Astor Station
Boston, MA 02123
Katherine Dibble: [KDibble at att.net](mailto:KDibble@att.net)

Dallas: Gail Glick
P.O. Box 9062
Dallas, TX 75209
Gail Glick: [gailglick at sbcglobal.net](mailto:gailglick@sbcglobal.net)

Detroit: Cindy Dooley
563 Fisher Road
Grosse Pointe, MI 48230
Cindy Dooley: [cjpdooley at yahoo.com](mailto:cjpdooley@yahoo.com)

Los Angeles: Ruth Light
3327 Moore Street
Los Angeles, CA 90066
Ruth Light: [ruthabc at ca.rr.com](mailto:ruthabc@ca.rr.com)

Nashville: Shirley Blakely
c/o Professional Booksellers
2200 21st Ave., S., Suite 105
Nashville, TN 37212
Elizabeth Simons: [elizabeth.simons at lipscomb.edu](mailto:elizabeth.simons@lipscomb.edu)

New York: Membership, WNBA/NYC
P.O. Box 237, FDR Station
New York, NY 10150
[membership at wnba-nyc.org](http://membership.wnba-nyc.org)

San Francisco: Mary Lunning
22226 Moselle Court
Hayward, CA 94541
Mary Lunning: [lunni8 at aol.com](mailto:lunni8@aol.com)

Washington, DC: Membership Chair/WNBA
P.O. Box 696
Arlington, VA 22216
LiddieSmith: [liddiewnba at comcast.net](mailto:liddiewnba@comcast.net)