

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1086488
Vendor Name: IL Library Association
Invoice Number: 154779
Invoice Date: 10/16/18
PO Number: P0360865
Check Number: E0069923
Check Amount: \$ 360.00
Check Date: 10/24/2018
Department ID: 15240
Reviewer Name: Nancy Haines
Voucher Number: V0535272
Redaction Type: None
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From: hainesn@cod.edu
Sent: Fri Oct 19 10:26:21 CDT 2018
To: invoicing@cod.edu
CC: hainesn@cod.edu
Subject: IL Library Association FY19 Renewal

[attachment: ILA FY19 Renewal.pdf]



Illinois Library Association

Illinois Library Association

The voice for Illinois libraries and the millions who depend on them.

MEMBERSHIP RENEWAL NOTICE

CURRENT EXPIRATION DATE: 10/31/18

Invoice Number: 154779

Date: 10/16/18

INSTITUTIONAL MEMBERSHIP RENEWAL

TO College of DuPage Library
Jennifer McIntosh
425 Farwell Blvd.
Glen Ellyn, IL 60137-6599

APPROVED PO# 360865

10/22/18 - JENNIFER MCINTOSH

	DESCRIPTION	LINE TOTAL
	2018-2019 ILA Institutional Membership	\$360.00
OPTIONAL DONATION (SEE BACK FOR DETAILS)		
TOTAL		

You're important to ILA!

Institutional membership supports library advocacy at the state level. And legislation at the state level affects libraries in all kinds of ways—employment law, pensions, Freedom of Information and Open Meetings Acts, healthcare, safety, as well as grant to public and school libraries and academic institutions. ILA monitors all legislation affecting libraries and keeps members informed, letting you know when it's critical to contact your elected officials.

In recent years, ILA has been instrumental in getting library grant funding restored to earlier levels and repeatedly defeating state mandates for filtering. In last year's session, ILA introduced and secured passage, over a governor's veto, of legislation that limits voluminous FOIA requests and specifically allows public bodies to post records online and refer FOIA requesters to the online version.

No individual library can act alone on these issues. Joining ILA as an institutional member makes you an effective advocate for the business you're in—the business of providing access to information for all.

Take a minute today to renew your library's institutional membership. It's a very small price to pay to help secure the values you believe in.

Thanks in advance for your support. We look forward to working on behalf of you and your library in the coming year.

Best Regards,

Cynthia Fuerst, ILA President

INVOICE REVIEWED
OKAY TO PAY
NANCY HAINES 10/22/18

P.S.: One other benefit of ILA Institutional Membership is the opportunity to join a new group insurance pool for liability and workers compensation insurance. The 38 libraries that have joined to date are saving, on average, 20% in premiums this year alone.

THANK YOU FOR YOUR SUPPORT!

ILA INSTITUTIONAL MEMBERSHIP RENEWAL NOTICE

(If you need to update any of your contact information, fill out the form below or contact the ILA Office)

Name of Institution: _____

Primary Contact: _____

Title: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____
area code/number area code/number

E-Mail: _____ Web site: _____

Public Libraries -Based on Budget

Budget	Dues
Less than 500,000	\$85
500,001 - 1,000,000	\$150
1,000,001 - 3,000,000	\$225
3,000,001 - 5,000,000	\$300
5,000,001 - 10,000,000	\$500
10,000,001 - 20,000,000	\$750
20,000,001 - 40,000,000	\$2,500
40,000,001 - 60,000,000	\$5,000
60,000,001 and over	\$7,500

Library Systems

Flat Rate \$1000

Higher Education - Based on total enrollment

Enrollment	Dues
0 - 1,000	\$75
1,001 - 2,500	\$95
2,501 - 5,500	\$140
5,501 - 12,500	\$175
12,5001 - 20,000	\$240
20,001 and over	\$360

Elementary & Secondary Schools/School Districts

Flat rate \$100

Special Libraries

Flat Rate \$100

Membership Includes:

Active legislative voice
 ILA Reporter subscription
 ILA E-Newsletter subscription
 Opportunities to participate in the Fund
 for Illinois Libraries, LIRA, and CallOne

Payment

Check or Money Order enclosed for \$ _____
 payable to:

Illinois Library Association

Charge \$ _____ to my:

Visa MasterCard American Express Discover

Account Number: _____

Expiration Date: _____

Security Code (CCV #): _____

Name of Credit Card Holder: _____

Signature: _____

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