

**Texas
Municipal
Library
Directors
Association**



Application for Membership

Name: _____

Title: _____

City: _____

City's Population: _____

Library Name: _____

Address: _____

City: _____ Zip: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

MAIL TO:

Texas Municipal Library Directors Association
1821 Rutherford Lane, #400
Austin, TX 78754-5128