



Librarians Without Borders  
P.O. Box 47015  
UCC Postal Outlet  
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London, Ontario  
Canada  
N6A 6G6

membership@lwb-online.org

## Membership Application Form

Membership support is very important for the Librarians Without Borders process of building and generating current and future projects. If you would like to become a member of Librarians Without Borders, please help us get to know you by filling out the form below:

### 1. General Info

Prefix:

First Name\*:

Last Name\*:

Email:

Phone\*:  Alt Phone:  Fax:

Street Address:  Apt #:  City\*:

Postal/Zip Code:  Province/State:  Country\*:

Occupation\*:  Company\*:

Birthdate:

How did you hear about Librarians Without Borders?  Media  Friend  
 Internet  Newspaper  Other

\*Required Fields

## 2. Interests

Do you speak or read languages other than English? Yes  No

If so, which language?

Why would you like to join Librarians Without Borders?

Would you like to be notified of any volunteering opportunities? Yes  No

## 3. Experience

Do you have any experience in the following areas?

- |   |  |
|---|--|
| <input type="checkbox"/> Legal          | <input type="checkbox"/> Communications      |
| <input type="checkbox"/> Fundraising    | <input type="checkbox"/> Media Relations     |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Writing/ Journalism |
| <input type="checkbox"/> Website Design | <input type="checkbox"/> Research            |
| <input type="checkbox"/> Finance        | <input type="checkbox"/> Partnerships        |

Do you have any other experience?

Do you have any previous experience working at a non-profit organization(s)? Yes  No

If yes, which organization(s)?

***\*Please note: Librarians Without Borders holds your information confidential, and will therefore never be shared with any other organization.***