



APPLICATION FOR MEMBERSHIP

Name of Parent Organization _____

Name of Library _____

Street Address _____

City _____ State _____ Zip Code _____

NYS Assembly District _____ NYS Senate District _____ County _____

Telephone _____ Fax _____

Email _____

Primary Contact Person _____

Title _____

Name of ILL Contact _____ Telephone _____

RESOURCES

Number of volumes held _____

Number of periodical title currently received _____

Number of other holdings _____

BUDGET

Annual expenditures for library materials in last fiscal year _____

Annual total library operating expenditures _____

STAFF

Number of professionally trained librarians _____

Number of other staff _____

SERVICE

Number of hours open per week _____

Is library open to the public? _____

Briefly profile your library and its service.

Describe your user clientele who will benefit from membership in the South Central Regional Library Council.

Describe how your library will contribute to the resources available to the research community in the South Central Regional Library Council (subject strengths, unique collections, expertise, etc.)

We understand that the South Central Regional Library Council is a cooperative membership organization, organized for the purpose of improving and developing research library service and promoting interlibrary cooperation. We agree to cooperate in meeting the goals of the South Central Regional Library Council and hereby apply for membership.

Signature _____ Date _____

Accepted by South Central Regional Library Council Board of Trustees. President _____ Date _____ Submitted to NY State Library, Division of Library Development. Date _____ Date of Approval _____
