



APPLICATION TO BECOME AN AFFILIATE

Name of Organization _____

Street Address _____

City _____ State _____ Zip Code _____

NYS Assembly District _____ NYS Senate District _____ County _____

Telephone _____ Fax _____

E-Mail _____

Primary Contact Person _____

Title _____

INFORMATION RESOURCES

Print _____

Electronic _____

Other _____

BUDGET

Annual expenditures for information resources _____

STAFF

Number of staff offering information services _____

SERVICE

Are information resources available to the public _____

Hours available _____

Briefly profile your organization and its services.

Describe your user clientele who will benefit from affiliation with the South Central Regional Library Council.

Describe how your organization 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 South Central Regional Library Council is a cooperative organization, organized for the purpose of improving and developing research library and information services and promoting interlibrary cooperation. We agree to cooperate in meeting the goals of the South Central Regional Library Council and hereby apply for affiliation.

Signature _____ Date _____

Accepted by South Central Regional Library Council Board of Trustees.

President _____ Date _____

Return to:

South Central Regional Library Council
108 N. Cayuga St
Ithaca, NY 14850
Fax 607/272-0740