

**SOUTH CENTRAL  
REGIONAL  
LIBRARY  
COUNCIL**

**APPLICATION FOR MEMBERSHIP**

Name of Parent Organization\_\_\_\_\_

Name of Library\_\_\_\_\_

Street Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

NYS Assembly District\_\_\_\_\_ NYS Senate District\_\_\_\_\_

Telephone\_\_\_\_\_ Fax\_\_\_\_\_

E-Mail\_\_\_\_\_

Primary Contact Person (Voting Representative)\_\_\_\_\_

Title\_\_\_\_\_

Name of ILL Contact\_\_\_\_\_ Telephone\_\_\_\_\_

**RESOURCES**

- Number of volumes held \_\_\_\_\_
- Number of periodical titles 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 services.

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 \_\_\_\_\_