

Application for Membership in the Northern New York Library Network

Name of Organization:	
Address:	
City	State Zip
Telephone (voice)	Fax
Web site:	
Name of Chief Administrator:	
Email addressPI	hone
Type of Organization (check one):	
College or University Library	
Public Library	
Museum	
Historical Society	
School	
Medical	
Other:	
Is the organization chartered by the New York State Board of Reg	ents?YesNo
Is the organization a part of a larger organization? If so, please ideapplicant:	entify organization and its relationship to the
Information Concerning the Nature of Library Service	
Number of monographic volumes held:	
Operating budget for most recently completed fiscal year:	
Materials budget for most recently completed fiscal year:	

Staff		
Number of professional staff:		
Number of non-professional staff:		
Does the Chief Administrator hold an MLS degree?	Yes	No
Service		
Number of hours library is open weekly:		
Is library open to the public?	Yes	No
Special Collections		
Number of items:		
Please briefly describe Special Collections:		
Education Commissioner Regulation 90.5 requires that shall demonstrate how any new member will improve lib community in the area of the system, and/or bring improsuch new member. Please briefly address this requirem sharing, digitization of special collections, shared expert	rary resources presen wed reference and res ent (for example, throu	tly available to the research earch services to the users of

Dues

Full Voting Membership

Dues are based on type of membership which is determined by Network by-laws in accordance with regulations of the Education Commissioner of the State of New York. Current dues are:

- Organizations that award Graduate degrees: \$225.00
- Organizations that award Undergraduate degrees: \$187.50
- Library Systems: \$112.50
- For-Profit Institutions: \$150.00
- All Others: \$52.50

Certification
On behalf of the, I hereby
apply for membership in the Northern New York Library Network. I agree to adhere to the by-laws and practices
of the organization, and share resources within the region at no charge.
Print Name:
Signature:
Title:
Date:
Please return this application to:
Meg Backus, Executive Director meg@nnyln.org

OR Northern New York Library Network Attn: Meg Backus 6721 US HWY 11 Potsdam, NY 13676