



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 address _____ Phone _____

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 Regents? _____ Yes _____ No

Is the organization a part of a larger organization? If so, please identify organization and its relationship to the applicant:

Information Concerning the Nature of Library Service

Number of monographic volumes held: _____

Number of serials titles received: _____

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 each reference and research library resources system shall demonstrate how any new member will improve library resources presently available to the research community in the area of the system, and/or bring improved reference and research services to the users of such new member. Please briefly address this requirement (for example, through participation in resource sharing, digitization of special collections, shared expertise in training, etc.):

Dues

Full Voting Membership vs Associate Membership is determined by Network by-laws in accordance with regulations of the Education Commissioner of the State of New York. Dues are based on type of member organization. Current dues are:

- Organizations that award Graduate degrees: \$250.00
- Organizations that award Undergraduate degrees: \$200.00
- Library Systems: \$125.00
- For-Profit Institutions: \$200.00
- All Others: \$75.00

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