

LONG ISLAND LIBRARY RESOURCES COUNCIL

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Bellport, NY 11713-1540

(631) 675-1570

Fax: (631) 675-1573

E-mail: director@lilrc.org

MEMBERSHIP APPLICATION FORM

Date _____

I. ORGANIZATION _____

Address _____ Phone _____

_____ Fax _____

_____ E-mail _____

Library Director _____

Voting Representative & Title _____

(If different from above)

Dues based on the following information:

Please indicate your library or membership unit's total annual operating expenditures, including salaries, materials, and other expenses:

\$ _____

- II.
- | | |
|---|-------|
| Does organization maintain an organized library? | _____ |
| Number of volumes held | _____ |
| Number of periodical titles currently received | _____ |
| Number of non-periodical titles currently received | _____ |
| Annual expenditures for library materials in the last fiscal year | _____ |
| Annual total library operative expenditures | _____ |
| Library Staff: Number of professionally trained librarians | _____ |
| Number of non-professional staff | _____ |
| Service: Number of hours library is open | _____ |
| Is library open to public? | _____ |

State how proposed member will improve library resources available to research community in the area of the system*

Describe proposed member's user clientele who will benefit from improved reference and research services*

*Must be completed

LILRC Membership Application Form

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III. Check all statements below which indicate the access any LILRC member institution may have to your library's collection:

- _____ Interlibrary Loan
- _____ In library use, no circulation _____ appointment required
- _____ Circulation through Research Loan Program (RLP)*

*See attached

IV. **Research Loan Program Participation**

Subject note, if any, should read (see RLP Procedures):

Is appointment required? _____

Contact Person _____

Phone _____

V. **FEE**

See Membership Fact Sheet

VI. Names to be added to the LILRC mailing list:

