



Application for Membership

Type of library:

- Public Special K-12 School District
 Academic other, please specify [Click here to enter text.](#)

Name of Library: [Click here to enter text.](#)

Name of Parent Institution, if applicable: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

City: [Click here to enter text.](#) Zip Code: [Click here to enter text.](#)

Phone number: [Click here to enter text.](#) Fax number: [Click here to enter text.](#)

Library website: [Click here to enter text.](#)

Total operating budget: [Click here to enter text.](#)

Please attach a list of branches, campus libraries or service locations.

Name and Title of Chief Library Administrator: [Click here to enter text.](#)

Professional Qualifications: [Click here to enter text.](#)

Official with authority to sign contracts on behalf of the institution

Name: [Click here to enter text.](#) Title: [Click here to enter text.](#)

Number of other staff (FTE):

Professional: [Click here to enter text.](#) Support staff: [Click here to enter text.](#)

Please attach a list of staff members that you would like added to PLAN's email distribution list, include titles and email addresses.

List network affiliations (OCLC, FLIN, FALCE, etc.)

[Click here to enter text.](#)

Library Policies

Will your library's bibliographic records be available to other cooperative members?

Yes No

Will your library provide free interlibrary loans to other cooperative members?

Yes No

Will the Library provide free photocopies to other cooperative members?

Yes No

If no, what are your fees or charges [Click here to enter text.](#)

Even if the Library will generally provide interlibrary loans and photocopies to other cooperative members, list any categories of materials which may not be available

[Click here to enter text.](#)

Signature of Library Administrator

Date