**Organization Profile**

Consortia or Group Name:Click here to enter text.

Address: Click here to enter text.

Phone: Click here to enter text. Fax: Click here to enter text.

URL: Click here to enter text.

Type of organizational consortia or group:

☐ Academic Libraries

☐Archives

☐For-Profit (corporate) Libraries

☐Government library / agency

☐Historical Societies

☐Other

☐Museums

☐Non-Profit Special Libraries

☐Public Libraries

☐School Libraries

☐Theological Libraries

If other, please describe: Click here to enter text.

List the name, address, and contact person for of each member of the consortia or group:

| Organization Name: | Address: | Contact Person: |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Personnel Resources**

Chief Administrator representing the group: Click here to enter text.

Title: Click here to enter text.

Email: Click here to enter text.

**Service**

Please provide the consortia or group’s mission statement: Click here to enter text.

Do the organization(s) within the group have high speed internet access? ☐Yes ☐ No

**Collection Profile**

Describe the subject strengths of the collections: Click here to enter text.

Describe any special collections held: Click here to enter text.

**Access to Your Collection(s)**

Does consortia or group utilize a discovery tool (e.g., a database, bibliography or other finding aid) to enable the public to identify what is held in its collection(s)?

☐ Yes, please describe: Click here to enter text.

☐ No

Is the organization willing to provide access to materials in its collection(s) -- to the general public served by Southeastern member libraries and cultural heritage organizations? This access can be provided through interlibrary loan, electronically, and/or on-site.

☐Yes ☐ No

If Yes, explain in detail how such access will be provided: Click here to enter text.

Please describe the materials and content the consortia or group plans to digitize and add to HRVH:

| Material Type: | Please describe the contents and quantity you plan to digitize: |
| --- | --- |
| ☐ Audio/Oral Histories | Click here to enter text. |
| ☐Bound Text | Click here to enter text. |
| ☐Diaries | Click here to enter text. |
| ☐Letters | Click here to enter text. |
| ☐Manuscripts | Click here to enter text. |
| ☐Maps | Click here to enter text. |
| ☐Newspapers | Click here to enter text. |
| ☐Objects (3D) | Click here to enter text. |
| ☐Photographs | Click here to enter text. |
| ☐Postcards | Click here to enter text. |
| ☐Video | Click here to enter text. |
| ☐Other | Click here to enter text. |

**Certification**

On behalf of Click here to enter text., I hereby apply for Hudson River Valley Heritage Consortia Membership in Southeastern NY Library Resources Council. The organization agrees to adhere to the bylaws and practices of the organization. I understand that this application will be reviewed by the Board of Trustees and will be approved based upon the council’s bylaws and membership criteria. If approved, membership will become effective upon receipt of dues, as outlined in the bylaws.

Date: Click here to enter text.

Print name: Click here to enter text.

Title: Click here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please do not send payment with your application. Southeastern will send an invoice once your application has been approved and processed.*

Send the complete application to:

Executive Director

Southeastern NY Library Resources Council

21 S. Elting Corners Rd.

Highland, NY 12528

Approved for Membership:

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Executive Director, Southeastern