**Library Profile**

Library Name:Click to enter text.

Address: Click here to enter text.

Phone: Click here to enter text.

Library URL: Click here to enter text.

Type of Organization (check only one):

☐ Academic Library

☐Archive

☐For-Profit (corporate) Library

☐Government library / agency

☐Historical Society

☐Other

☐Museum

☐Non-Profit Special Library

☐Public Library

☐School Library

☐Theological Library

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

Is the library part of a larger organization? ☐ Yes ☐No

If yes, please provide the organization name: Click here to enter text.

Is the library or organization charted by the New York State Board of Regents? ☐ Yes ☐No

**Personnel Resources**

Library Chief Administrator: Click here to enter text.

Title: Click here to enter text.

Email: Click here to enter text.

Number of professional staff: Click here to enter text.

Number of support staff: Click here to enter text.

Number of Professional staff with an MLIS degree: Click here to enter text.

Number of Professional staff with related degree: Click here to enter text.

**Service**

Please provide the library’s mission statement: Click here to enter text.

Library hours: Click here to enter text.

Is the library open to the public? ☐ Yes ☐ No

Education Commission Regulation 90.5 requires that reference and research library resources systems demonstrate how any new member will improve library resources to the community and also how the new member will benefit from membership in Southeastern. Briefly address this requirement by describing how your library will participate in in resource sharing, digitization of special collections, shared expertise in training, access to unique collections, etc.: Click here to enter text.

**Collection Profile**

Does the collection generally meet the needs of your organization’s community? ☐ Yes ☐ No

Annual expenditures for collection materials in the last fiscal year:

Fiscal year: Click here to enter text.

Materials Budget: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Number of print monographs: Click here to enter text.

Number of serials: Click here to enter text.

E-Books: Click here to enter text.

E-Journals: Click here to enter text.

Archives / manuscripts: (# or linear feet) Click here to enter text.

Photographs: Click here to enter text.

3-D objects: Click here to enter text.

Number of audio-visual holdings: Click here to enter text.

Other materials: Click here to enter text.

**Access to Your Library’s Collection(s)**

Does your library have a written, up-to-date collection access policy? ☐ Yes ☐ No

If yes, please attach a link to the policy or a copy of the policy to this application.

Does the library have an online catalog?

☐ Yes, in house only

☐ Yes, available on the Internet for our users only

☐ Yes, available on the Internet to anyone; Provide URL

☐ No, none available

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

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

☐ No

If you replied No to either of the two preceding questions, the library must present to the Southeastern Board of Trustees a written plan and timeline for the implementation of such a tool. Such a plan must be included with this application.

Is the library 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.

Does the library have one or more special collections of regional historical value that you are interested and willing to contribute in digital format to the Hudson River Valley Heritage (HRVH) service?

☐Yes ☐ No ☐Maybe in the future

Does the library provide internet access? ☐Yes ☐ No

**Certification**

On behalf of Click here to enter text, I hereby apply for Governing Membership in Southeastern NY Library Resources Council. The library 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