Massachusetts Library System

**NEW MEMBER INFORMATION FORM**

Please make sure to fill out this form and submit it with your “Certificate of Membership Eligibility” and “Membership Agreement.” Please print clearly or type your responses.

Date

Library Type (circle):

[ ] Academic (college/university)

[ ] Public

[ ] Special

 [ ] Corporate [ ] law [ ] medical [ ] institutional [ ] other

[ ] School

 [ ] Public High School [ ] public middle or elementary

 [ ] Private or charter high school [ ] Private or charter middle or elementary

Library Name:

Institution Name:

Address:

Mailing address (if different from above):

City:       Zip:

Library phone:       Fax:

Primary contact at Library:       Title:

*You will be subscribed to MLS-Announcements. Indicate the email address(es) to be subscribed.*

Contact person's e-mail:       [ ] subscribe

Library E-mail:       [ ] subscribe

Home phone (unpublished – emergency use only)

Library Hours:

Library Website:

Library catalog URL:       OCLC Symbol:

Network affiliation:

Does your library have public wi-fi? [ ]  yes [ ] no