****

**NEW MEMBER INFORMATION FORM**

Please complete and submit this information 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Home phone (unpublished – emergency use only)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