

Reaching Across Illinois Library System (RAILS)

MEMBERSHIP APPLICATION

INSTRUCTIONS

Completion of this Membership Application is required for membership. For more information on requirements, please see RAILS Membership Requirements.

Return application and developmental plan to:

Dan Bostrom
Reaching Across Illinois Library System
125 Tower Drive
Burr Ridge, IL 60527
Fax: 630.734.5050
Email: dan.bostrom@railslibraries.info

DIRECTORY INFORMATION

Type of Library Academic School
 Public Special

Library Name: _____

Company/Institution/School Name: _____

Mailing Address: _____

City: _____ Zip Code: _____

County(Counties): _____

District # (Public School Libraries Only): _____

Library Area Code: _____

Library Phone: _____ Ext.: _____

Fax for RAILS Communications: _____

Institution URL (if applicable): _____

Library Director/Head:

Name: _____

Job Title: _____

Email: _____

Phone: _____ Ext.: _____ Fax: _____

BIBLIOGRAPHIC ACCESS

In order to be eligible for system membership, a library must have a bibliographically organized collection of library materials. The collection must have permanent financial support, be accessible centrally, and occupy identifiable quarters in one principal location. These requirements can be met through contractual services provided by another library.

HOLDINGS

Books (Number of volumes): _____

Periodical titles (paper or microform only): _____

Audio-visual titles: _____

Other: _____

Is your library an OCLC member? Yes No If yes, OCLC symbol: _____

Does your library have an online catalog of library materials or an online patron access catalog (OPAC)?

Yes No

If yes, which software program or automation vendor do you use (examples are products from: Follett, Sirsi/Dynex, Innovative, Polaris, etc.)? _____

If no, do you have plans to implement an online catalog or OPAC? Yes No

If yes, which software program or automation vendor are you thinking of using? _____

Approximate date of installation: _____

Are your bibliographic records in MARC format? Yes No

If none of the above, explain how your collection is organized using a classification scheme such as Library of Congress or Dewey Decimal): _____

Does your library have an Internet connection? Yes No

LIBRARY STAFF

In order to be eligible for system membership, a library must have at least one employee who works a minimum of 15 hours per week as the librarian.

Staff person identified as the librarian: _____
Hours worked per week: _____

HOURS OF OPERATION OF LIBRARY

<i>Day</i>	<i>Opening Time</i>	<i>Closing Time</i>
Monday	_____ AM/PM	_____ AM/PM
Tuesday	_____ AM/PM	_____ AM/PM
Wednesday	_____ AM/PM	_____ AM/PM
Thursday	_____ AM/PM	_____ AM/PM
Friday	_____ AM/PM	_____ AM/PM
Saturday	_____ AM/PM	_____ AM/PM
Sunday	_____ AM/PM	_____ AM/PM

Total number of hours per week library is open and staffed: _____

FULL MEMBERSHIP

A full member is eligible for voting representation on the RAILS Board of Directors. Each full member library of RAILS is required to name one representative to the System. The public library representative is a member of the local public library board. The academic, school, or special library representative is someone who has interest in, contact with, and knowledge of the member library and may be on the library staff.

**REPRESENTATIVE TO THE RAILS BOARD OF DIRECTORS FOR FULL MEMBERSHIP:
One per organization or school district. School districts with more than one school per district may designate one school to fill out this portion.**

Name of Representative: _____

Relationship to library (Choose from the following):

- Library staff member
- Library board member
- School district employee not in library
- School district administrator
- School board member
- Corporation board member
- Corporate employee not in library
- Academic institution employee not in library
- Academic institution board member
- Other (Please Specify) _____

12-Month Address: _____
(Where can this person be reached all year)

City: _____ State: _____ Zip Code: _____
Phone: _____ Ext. _____ Fax: _____
Email: _____

Person duly authorized to complete this form:

Name: _____ **Date:** _____
(Signature)

Name: _____ **Title:** _____
(Printed)

Company/Institution/School Name: _____

Phone: _____