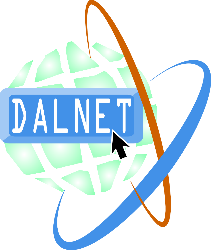
[](http://www.dalnet.lib.mi.us/)

Membership Application

Applications may be submitted at any time but may be reviewed quarterly.

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| --- | --- | --- | --- | --- |
| **Application for DALNET Membership** | | | | |
| **1. Type of Submission**:  Membership  Shared System Membership | **2. Type of Application**:  New  Change in Membership  Revised  Other (Specify): | | | |
| **3. Date of Application**: | | | **4. Fiscal Year dates: (Beginning)**       **(End)** | |
| **5. Applicant:**  This individual will serve as contact for the application process. | | | **6. Project Manager** (Check if same as Applicant):  This individual will serve as technical and service contact. | |
| a. Name:  b. Institution\*:  c. Title/Position: | | | a. Name:  b. Institution\*:  c. Title/Position: | |
| d. Mailing Address: | | | d. Mailing Address: | |
| Street 1: | | | Street 1: | |
| Street 2: | | | Street 2: | |
| City: | | | City: | |
| County: | | | County: | |
| State: | | | State: | |
| Province: | | | Province: | |
| Country: | | | Country: | |
| Zip / Postal Code | | | Zip / Postal Code | |
| e. Telephone Number:  f. Fax Number: | | | e. Telephone Number:  f. Fax Number: | |
| g. Email: | | | g. Email: | |
|  | | | | |
| **7. Please discuss why your institution wants to join DALNET.** | | | | |
| **8. Please discuss how your institution might add value to the DALNET community.** | | | | |
| **9. Please discuss how your institution would support the DALNET mission of working together to provide access to information for research, cultural enrichment, and lifelong learning opportunities.** | | | | |
| **10. If you are applying for a Shared System Membership please address any fiscal and/or technical issues that prompt your institution to look at participating in the DALNET shared catalog system.** | | | | |
| **11. What Integrated Library System (catalog) does your library currently use, if any? If your library is not automated (does not have a catalog) do you intend to have DALNET assist in the automation process?** | | | | |
| **12. Please list below your institution’s library location/s that would be included in your membership**: | | | | |
| **13. Type of library/libraries**: | | | | |
| **14a. Please list the community or communities served by your library/institution (constituent groups, other Institutions, cities, counties, states, etc.):**    **14b. Who has access to your library/libraries and how is that access made available?** | | | | |
| **15. Please list any reciprocal borrowing agreements your library currently participates in or has arrangements for.** | | | | |
| **16. Please describe any special or unique collections that your library/institution maintains or has in possession.** | | | | |
| **17. Please describe any in-house digital collections/projects that your library currently maintains or would like to consider creating in the future.** | | | | |
| **18. Please describe what type of network connection your library/libraries have to the Internet. Please also describe what type of memory and storage is available on the typical staff computer workstation at your library/libraries.** | | | | |
| **19. Please describe who maintains the computing and networking facilities of the library and what relationship the library has with this entity. For instance, does the library have its own IT staff or does another department of a parent institution handle computing and networking for the library? Who controls or make computing policies and decisions for the library?** | | | | |
| **20. At what date is your institution interested in joining DALNET and/or by what date will your system be ready to migrate data if you are applying for Shared System Membership? If there are any circumstances that necessitate a move to the shared system by a specific date please specify such.** | | | | |
|  | | | | |
| **Please provide the following information and statistics (which will be kept confidential within DALNET)\*:**  \*If providing an estimate please indicate so. Please answer N/A if an area below is Not Applicable. | | | | |
| a. Number of libraries/locations that would be included in this membership | | | |  |
| b. Annual operating budget for library/libraries applying | | | |  |
| c. Number of items (holdings for physical books, audio/visual materials, etc., excluding serials) | | | |  |
| d. Number of electronic items (holdings for electronic books, videos, etc., with system records) | | | |  |
| e. Number of serial subscriptions (current titles) | | | |  |
| f. Number of serial titles (discontinued subscriptions) | | | |  |
| g. Number of annual circulation transactions (checkouts) | | | |  |
| h. Number of annual Interlibrary loan items sent out | | | |  |
| i. Number of annual Interlibrary loan items received from other libraries | | | |  |
| **Please also answer the following if you are applying for Shared System Membership** | | | |  |
| j. Number of Staff Computers (that the shared system software would be installed on) | | | |  |
|  | | | | |
| **By signing this application, I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am signing and submitting this application as an authority that has power to enter into contracts for my institution. I understand that it is expected that my institution will join DALNET if the DALNET Board of Directors approves our membership once the application process has been completed.**  I AGREE Signature of Applicant\*\*: Date: | | | | |
| Prefix:       Name:       Suffix: | | | | |
| Title: | | | | |
| Telephone Number: | | Fax Number: | | |

\*\*This application must be submitted electronically via email and two signed paper copies of the application must also be submitted to the DALNET office to officially complete the application. Please contact the DALNET office for assistance in completing this form.

Completed applications should be submitted electronically to [info@dalnet.org](mailto:info@dalnet.org)

Two (2) additional completed and signed paper copies should be sent to:

DALNET

5150 Anthony Wayne Dr.

Detroit, MI 48202

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