

# SOUTH JERSEY REGIONAL LIBRARY COOPERATIVE

## MEMBERSHIP APPLICATION

The \_\_\_\_\_ applies for membership in the South Jersey Regional Library Cooperative (SJRLC), serving Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester and Salem counties. This agency certifies that it meets the requirements for eligibility as defined in the Draft of Policies and Procedures Relating to Administration of the Library Network Law, section IV A.1.b., printed on the reverse side) , and agrees to contribute to the appropriate services and programs as determined by the SJRLC and mutually agreed upon. This agency also agrees not to reduce local services as a result of participation in the SJRLC or the New Jersey Library Network. This agency also understands that each member library will determine which of its services and/or resources it will share.

Signed \_\_\_\_\_  
(name)

\_\_\_\_\_  
(title of presiding officer of governing body) (date)

OUR REPRESENTATIVE TO THE SJRLC IS:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Library Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Library URL : \_\_\_\_\_ E-Mail: \_\_\_\_\_

Alternate representative (must be named in order to vote in absence of primary representative): \_\_\_\_\_

### **Please attach the following:**

1. A resolution approving this application passed by the governing body of the agency OR (for non-public institutions), documentation of appropriate administrative action.
2. Documentation of Eligibility (form attached)
3. Cooperative Services Checklist (form attached)

**Return the application and documentation to: Karen Hyman, Executive Director, SJRLC, Paint Works Corporate Center, 10 Foster Ave., Suite F-3, Gibbsboro, NJ 08026. Phone: (856) 346-1222 Fax: 346-2839**

**DRAFT OF POLICIES AND PROCEDURES  
RELATING TO ADMINISTRATION OF THE  
LIBRARY NETWORK LAW, Section IV A.1.b.**

To be eligible as a member of a Regional Library Cooperative, a library or library-related agency must have explicit service objectives, a fixed location and regular hours of service, an organized collection of information and materials accessible for use by its designated clientele, and a qualified and responsible staff. Its organizational structure must be identifiable, with a legal basis for operation and an established funding pattern. It must be willing and able to contribute to the appropriate services and programs as determined by the Regional Library Cooperative.

# SOUTH JERSEY REGIONAL LIBRARY COOPERATIVE

Paint Works Corporate Center  
10 Foster Avenue, Suite F-3  
Gibbsboro, NJ 08026

## DOCUMENTATION OF ELIGIBILITY

(Please attach this document to the membership application.)

Name of Library/Library Agency \_\_\_\_\_

County \_\_\_\_\_ School District \_\_\_\_\_  
(for school libraries)

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Library URL \_\_\_\_\_ E-Mail \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

1. In space below summarize agency's service objectives: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Days/Hours of service: \_\_\_\_\_

\_\_\_\_\_

3. Collection organized by (please check):

\_\_\_\_\_ Dewey      \_\_\_\_\_ Library of Congress      \_\_\_\_\_ Other (please specify):

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4. Collection access by (please check):

\_\_\_\_\_ Card catalog      \_\_\_\_\_ Online catalog      \_\_\_\_\_ Book catalog

\_\_\_\_\_ Other (please specify): \_\_\_\_\_

**DOCUMENTATION OF ELIGIBILITY**

5. Person in charge of library service:

Name \_\_\_\_\_ Title \_\_\_\_\_

Hours per week devoted to library service: \_\_\_\_\_

6. Legal basis for operation - please specify:

Academic Library \_\_\_\_\_

Institutional Library

State \_\_\_\_\_

County \_\_\_\_\_

Municipal \_\_\_\_\_

Other (please specify) \_\_\_\_\_

Public Library

Association \_\_\_\_\_

County \_\_\_\_\_

Municipal \_\_\_\_\_

School District

Public School Library \_\_\_\_\_

Non-Public School Library \_\_\_\_\_

Special Library

Corporate \_\_\_\_\_

Health Science \_\_\_\_\_

Other (please specify) \_\_\_\_\_

7. Established funding source (please specify):

Prepared by:

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

DATE \_\_\_\_\_

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## COOPERATIVE SERVICES CHECKLIST

(Please attach this document to the membership application. This document will be used for planning information; it does not constitute a bonding agreement.)

Name of Library/Library-Related Agency: \_\_\_\_\_

The information and resources of this agency will be shared with other members of the Regional Library Cooperative in the following ways in accordance with local policies and procedures.

Check all that apply:

### 1. RESOURCE SHARING

#### A. PRINT MATERIALS

- \_\_\_\_\_ Interlibrary loan of books
- \_\_\_\_\_ Interlibrary loan of government documents
- \_\_\_\_\_ Interlibrary loan of periodicals
- \_\_\_\_\_ Interlibrary loan of pamphlets
- \_\_\_\_\_ Photocopies of print items, at cost \_\_\_\_\_ of per page
- \_\_\_\_\_ Photocopies of print items, up to \_\_\_\_\_ pages free
- \_\_\_\_\_ Other; please specify \_\_\_\_\_

#### B. NON-PRINT MATERIALS

- \_\_\_\_\_ Interlibrary loan of records
- \_\_\_\_\_ Interlibrary loan of cassettes and/or tapes
- \_\_\_\_\_ Interlibrary loan of filmstrips
- \_\_\_\_\_ Interlibrary loan of 8mm films
- \_\_\_\_\_ Interlibrary loan of 16mm films
- \_\_\_\_\_ Interlibrary loan of videotapes
- \_\_\_\_\_ Interlibrary loan of videocassettes
- \_\_\_\_\_ Interlibrary loan of art prints

\_\_\_\_\_ Interlibrary loan of equipment; please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Other; please specify: \_\_\_\_\_

\_\_\_\_\_

### C. SERVICES

\_\_\_\_\_ Printing services, at cost of paper

\_\_\_\_\_ Laminating services, at cost of materials

\_\_\_\_\_ Graphic arts services, at cost of per hour

\_\_\_\_\_ Other services please specify: \_\_\_\_\_

\_\_\_\_\_

### D. OTHER

Please specify: \_\_\_\_\_

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## II. INFORMATION SHARING

### A. REFERENCE SERVICES

\_\_\_\_\_ On-site reference

\_\_\_\_\_ Telephone reference

\_\_\_\_\_ Access to databases; please specify: \_\_\_\_\_

\_\_\_\_\_

If there are costs to the requesting patron/library, please

specify: \_\_\_\_\_

-

\_\_\_\_\_ Information and referral files

\_\_\_\_\_ Other; please specify: \_\_\_\_\_

\_\_\_\_\_

B. HORIZONTAL SHARING OF EXPERTISE

- \_\_\_\_\_ Telephone queries from other librarians about library operations and services
- \_\_\_\_\_ Informal meetings with other librarians about library operations and services
- \_\_\_\_\_ Other; please specify: \_\_\_\_\_  
\_\_\_\_\_

C. ADVISORY SERVICES

- \_\_\_\_\_ Advisory/consultant services; please specify area(s) of specialization: \_\_\_\_\_  
\_\_\_\_\_

The services are available through:

- \_\_\_\_\_ Field visits
- \_\_\_\_\_ On-site
- \_\_\_\_\_ Telephone
- \_\_\_\_\_ Other; please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \_\_\_\_\_ Speaker services; please specify areas of specialization: \_\_\_\_\_

D. OTHER

Please specify: \_\_\_\_\_

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Prepared by:

\_\_\_\_\_ Name

\_\_\_\_\_ Title

\_\_\_\_\_ Date

**RESOLUTION**

The \_\_\_\_\_ of the \_\_\_\_\_  
(governing body) (name of library)

hereby resolves to join the South Jersey Regional Library Cooperative and to  
abide by the rules and regulations of the Cooperative.

Passed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at a  
meeting of the \_\_\_\_\_.  
(governing body)

(Signed) \_\_\_\_\_  
(presiding officer of governing body)

(Title) \_\_\_\_\_