



PALCI™

Partnership for Academic Library
Collaboration and Innovation

Membership Application

Please complete this application for PALCI membership and send it via email to Jill Morris, PALCI Executive Director at jill@palci.org. The PALCI Membership Committee and Board of Directors will consider your application within 90 days of receipt.

Institution

Institution name
Library name and address

Library Director

Name	
Title	
Voice () -	Fax () -
Email	

Official Voting Representative if other than the Library Director

Name	
Title	
Voice () -	Fax () -
Email	

Library's Fiscal Year

Check one:

July - June January - December

List other _____

Library TypeAcademic

Carnegie class _____

Special Describe _____

List other _____

In the sections below, provide information and activity levels for your library's last full fiscal year.

Library collection

<u>Currently</u>	# in collection
Titles	
Volumes	

Circulating monographs

<u>Currently</u>	# in collection
Titles	
Volumes	

Library budget

Total library budget for the last full fiscal year including personnel.

	For Fiscal Year: _____
\$	

Materials budget

Using the NCES definition for library materials, show for the last full fiscal year.

	For Fiscal Year: _____
Serials	
Monographs	
Electronic	
TOTAL	

Population served (Patron information)

For Fiscal Year: _____	Student FTE	
	Undergraduate FTE	
	Graduate FTE	
	Non-degree FTE	
	Student headcount	
	Institution Faculty FTE	
	Institution Staff FTE	

Library staff

For Fiscal Year: _____	MLS Professional FTE	
	Non-MLS Professional FTE	
	Support Staff	
	Student FTE	

Integrated Library System

Vendor/system name/version: _____

Circulation and Resource Sharing

Library circulation and ILL

For Fiscal Year: _____	Circulation: # of items circulated to library patrons (not including in-house reserves, etc.)			
			<i>Loans</i>	<i>Borrows</i>
	ILL: # of items loaned through ILL (returnables)			
	ILL: # of items provided through ILL (non-returnables)			

Courier service

Is the library currently a direct dropsite for the IDS delivery service? yes
no

Annual shipping level? _____

What other courier/delivery services does the library use? _____

ILL systems

Which ILL system is the library currently using? Check all that apply.

RapidILL OCLC
Illiad List others _____

Expressions of Interest in Membership

How did you hear about PALCI membership? _____

What is important to you about membership in PALCI? _____

What unique qualifications, expertise, experience, or other contributions (including, but not limited, to specific collection strengths) will the library bring to membership in PALCI? _____

Which of the following types of materials will the library lend to PALCI members?

Check all that apply:

Popular Reading Microforms
Film/Video Special Collections
Sound Recordings List others _____
Music Scores

In which PALCI services does the library intend to participate?

Check all that apply:

- | | | | |
|-------------------------|--------------------------|----------------------------|--------------------------|
| EZBorrow | <input type="checkbox"/> | Educational Events | <input type="checkbox"/> |
| RapidILL Pod | <input type="checkbox"/> | Professional Development | <input type="checkbox"/> |
| eResources | <input type="checkbox"/> | Networking with Colleagues | <input type="checkbox"/> |
| Shared Print | <input type="checkbox"/> | Committee/Task Force Work | <input type="checkbox"/> |
| Cooperative Collections | <input type="checkbox"/> | Leadership/Advocacy | <input type="checkbox"/> |
| | | List others _____ | <input type="checkbox"/> |

Other comments regarding the library's consideration in PALCI Membership: _____

Signature of the Library Director

Date application completed

Thank you for considering membership in the PALCI Consortium!