

MEMBERSHIP APPLICATION FORM



PALCI™

Partnership for Academic Library
Collaboration and Innovation

Please complete this application for PALCI membership and send it via email to Jill Morris, PALCI Executive Director, at support@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 Website

Library Director

Name

Title

Voice

Email

PALCI Voting Representative *(if other than Library Director)*

Name

Title

Voice

Fax

Email

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Library Details

Library's Fiscal Year (Check One)

July–June January–December Other: _____

IPEDS Institution ID Number (if applicable)

IPEDS ID Number is available online via: <https://nces.ed.gov/ipeds/datacenter/InstitutionList.aspx?goToReportId=6>

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

Current Collection

	Titles	Volumes
Library Collection		
Circulating Monographs		

Library Budget *(total library budget for the last full fiscal year including personnel)*

Fiscal Year:
Budget:

Materials Budget *(using the NCES definition for library materials, show for last full fiscal year)*

Fiscal Year:

	Budget
Serials	
Monographs	
Electronic	
TOTAL	

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Population Served *(Patron information)*

Fiscal Year:

	# of Served
Student FTE	
Undergraduate FTE	
Graduate FTE	
Non-degree FTE	
Student headcount	
Institution Faculty FTE	
Institution Staff FTE	

Library Staff

Fiscal Year:

	# of Staff
MLS Professional FTE	
Non-MLS Professional FTE	
Support Staff	
Student FTE	

Integrated Library System

Vendor	
System Name	
Version	

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Circulation and Resource Sharing

Library Circulation and ILL

Fiscal Year: _____

	Loans	Borrows
Circulation: # of items circulated to library patrons (not including in-house reserves, etc.)		
ILL: # of items loaned through ILL (returnables)		
ILL: # of items loaned through ILL (non-returnables)		

Courier/Shipping Service

Is the library currently a member of IDS-PA 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: _____

Expression of Interest in Membership

How did you hear about PALCI Membership?

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Please provide a statement of interest. What is important to you about membership in PALCI and what prompted you to apply? How do you anticipate benefiting and contributing to the consortium?

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

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

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Popular Reading | <input type="checkbox"/> Music Scores | <input type="checkbox"/> Sound Recordings |
| <input type="checkbox"/> Film / Video | <input type="checkbox"/> Microforms | <input type="checkbox"/> Special Collections |

List Others: _____

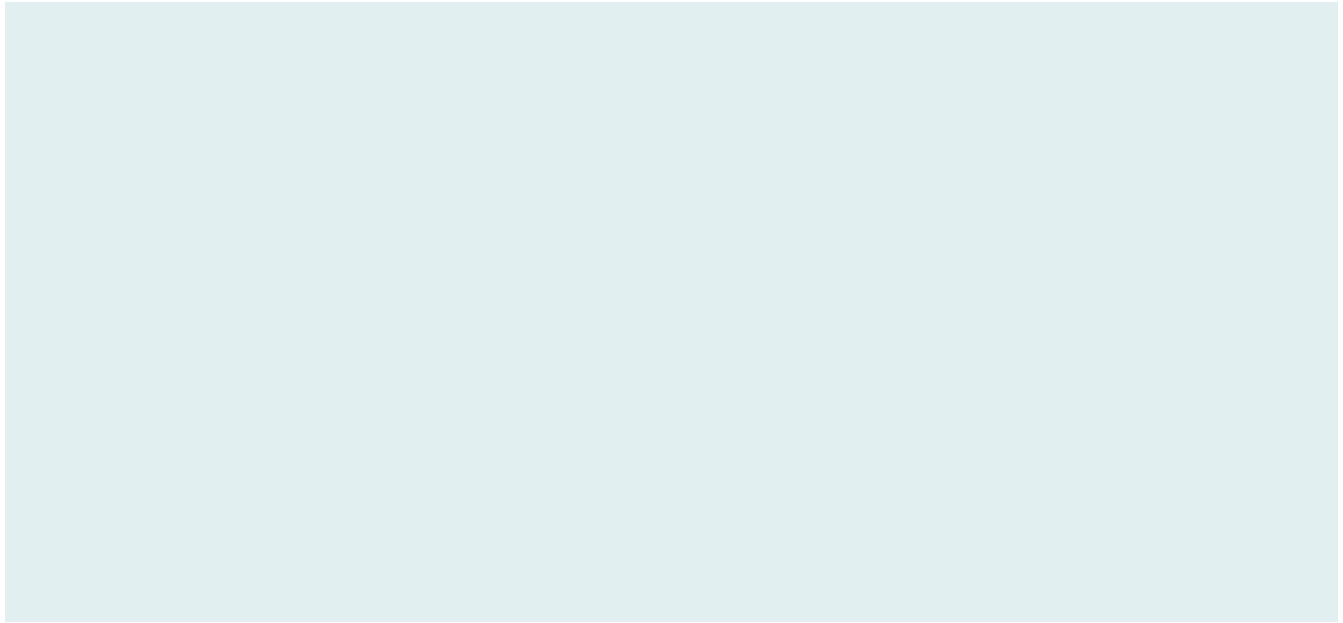
In which PALCI services does the library intend to participate?

- | | | |
|--|--|---|
| <input type="checkbox"/> EZBorrow* | <input type="checkbox"/> Leadership / Advocacy | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> RapidILL Pod | <input type="checkbox"/> Educational Events | <input type="checkbox"/> Cooperative Collections |
| <input type="checkbox"/> eResources | <input type="checkbox"/> Committee / Task Force Work | <input type="checkbox"/> Networking with Colleagues |
| <input type="checkbox"/> Library Innovation and Special Projects | | |

List Others: _____

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What else should PALCI members know when considering your application?



Signature of Library Director



Date application completed: _____

***Thank you for
considering membership
in the PALCI Consortium!***