

**TEXAS LIBRARY SYSTEM MEMBERSHIP
GOVERNMENTAL LIBRARY APPLICATION
SFY 2011**

GOVERNMENT AND LIBRARY INFORMATION

Name of Governmental Unit:

Current address:

City:

State:

ZIP Code:

Name of Library:

Current address:

City:

State:

ZIP Code:

Web Address:

LIBRARY DIRECTOR CONTACT INFORMATION

Name:

Position:

Phone:

E-mail:

Fax:

SIGNATURES

I authorize the verification of the information provided on this form. To the best of my knowledge and belief, data on this application is true and correct. The applicant will comply with the Texas Library Systems Act rules and regulations, as well as the by-laws of the applicable system.

Signature of Library Director:

Date:

Signature of Library Director's Supervisor:

Date:

The following must be submitted, along with the application:

1. Written verification from governmental unit (local, state, or federal) that library is operated by that governmental unit.
2. Documentation verifying that the library has an organized collection, has staff, and regular hours of operation.