

**TEXAS LIBRARY SYSTEM MEMBERSHIP
SPECIAL OR RESEARCH LIBRARY APPLICATION
SFY 2011**

ORGANIZATION AND LIBRARY INFORMATION

Name of Organization:

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 Organization Administrator:

Date:

The following must be submitted, along with the application:

1. Written verification from organization that library is supported by organization.
2. Documentation verifying that the library has an organized collection, has staff, and regular hours of operation.