

SOLINET

1438 WEST PEACHTREE ST., NW / SUITE 200 / ATLANTA, GA 30309-2955
PHONE 404.892.0943 TOLL FREE 800.999.8558 FAX 404.892.7879

1. Name of Applying Organization:

Nassau County Public Library System

2. Type of Membership

- Full Member
 Associate Member

FOR SOLINET USE ONLY

Received: _____
To Admin: _____
Bd. Approve: _____
OCLC: _____

3. Participation effective:

March

1999

MONTH

YEAR

4. Director:

Name: Dawn S. Bostwick

Title: Director

Phone: 904-277-7367

FAX: 904-277-7366

E-mail: _____

5. Training Contact:

Name: Same

Title: _____

Phone: _____

FAX: _____

E-mail: _____

6. Mailing Address for Correspondence:

Nassau County Public Library

25 N. 4th St.

Fernandia Beach, FL 32034

7. Billing Address:

Finance Division, Clerk of the Circuit Court

P.O. Box 4000

Fernandina Beach, FL 32035-4000

8. Tax Exemption Number:

55-04-005905-53C

or

Tax Identification Number: _____

9a. Type of library:

- Academic Public School State Agency Special (Type: _____)

APPROVED

DATE 3/15/99 JMK

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9b. Size of your library's collection (volumes): 96,000

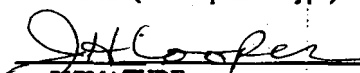
Specialized areas: Genealogy

10. Subsidiary or branch libraries included in this application:

<u>Fernandina Beach Branch</u>	<u>Hilliard Branch</u>
<u>Callahan Branch</u>	<u>Bryceville Branch</u>

11. Signing this application constitutes on the part of the library (libraries):

- a. a commitment to utilize OCLC cataloging services and to post holdings or all ongoing cataloging in the Online Union Catalog
- b. an acknowledgement and understanding of costs of participation and the contractual obligation for timely payments
- c. a written acceptance to abide by the SOLINET bylaws

J. H. Cooper
NAME (Please print or type)

SIGNATURE

Chairman
TITLE
March 16, 1999
DATE

SOLINET™

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APPLICATION FOR SOLINET MEMBERSHIP

INSTRUCTIONS

1. **NAME OF APPLYING ORGANIZATION:** Supply the name of the organization. Examples: University of Kentucky, Florida Power Corporation, High Point Public Library.
2. **TYPE OF MEMBERSHIP:** Check the appropriate membership category. If the average of the annual acquisitions budget for the last three years is greater than \$165,000, your library would be a Full Member of SOLINET. If the amount is less than \$165,000, your library would have the option to be an Associate Member or you can choose to be a Full Member.
3. **PARTICIPATION EFFECTIVE:** The SOLINET Board of Directors meets and approves applications for membership on a quarterly basis. However, if you wish to begin before the next quarter, the Executive Director may give interim approval. Once the application has been approved, annual dues are prorated according to the month in which you begin participation. Write the month for which you want to begin participation.
4. **DIRECTOR:** Provide the requested information for the person responsible for the overall direction of the library.
5. **TRAINING CONTACT:** Provide the requested information for the person who will serve as the primary contact person between your institution and SOLINET for implementing OCLC services.
6. **MAILING ADDRESS FOR CORRESPONDENCE:** Provide the mailing address for your library.
7. **BILLING ADDRESS:** Provide a name or department and address where invoices should be sent.
8. **TAX EXEMPTION OR TAX IDENTIFICATION NUMBER:** If your institution is a non-profit organization, please supply the tax exemption number assigned to your institution by the Internal Revenue Service. If your library does not have an individual tax exemption number, supply the number assigned to your parent organization.

If your institution is a for-profit organization, please supply the tax identification number assigned to your institution by the IRS. If your library does not have an individual tax identification number, supply the number assigned to your parent organization.

The IRS requires SOLINET to maintain this information to insure SOLINET's non-profit status.
- 9a. **TYPE OF LIBRARY:** Check the type of your library. This information is maintained to record the representation of SOLINET membership for selecting the Board of Directors.
- 9b. **SIZE OF COLLECTION AND SPECIALIZED AREAS:** Please indicate the current number of volumes in your library and if your collection contains specialized areas.
10. **SUBSIDIARY OR BRANCH LIBRARIES INCLUDED IN THE APPLICATION:** List any subsidiaries or branches that are included in your application for membership.
11. **SIGNING THE APPLICATION** indicates your institution's intent to participate in SOLINET. The person with the authority to commit your library to financial obligations must sign the application.