

Western Massachusetts Regional Library System

DIRECTORY INFORMATION

This form must be completed and returned with the other required WMRLS membership materials.

Name of Library /Media Center: _____

School/Organization: _____

Street Address: _____

Municipality: _____ Zip Code: _____

Mailing Address (if different from library address): _____

Municipality: _____ Zip Code: _____

Phone No. (_____) _____ Ext.: _____ Fax: _____ TTY: _____

DESCRIPTION THAT BEST CHARACTERIZES YOUR LIBRARY

- | | | |
|--|--|--|
| <input type="checkbox"/> Public Elementary School | <input type="checkbox"/> Public Middle School | |
| <input type="checkbox"/> Private Elementary School | <input type="checkbox"/> Private Middle School | <input type="checkbox"/> Public High School |
| <input type="checkbox"/> Public Academic | <input type="checkbox"/> Private Academic | <input type="checkbox"/> Private High School |
| <input type="checkbox"/> Hospital/Medical | <input type="checkbox"/> Law | <input type="checkbox"/> Historical Society/Museum |
| <input type="checkbox"/> Prison/Correctional | <input type="checkbox"/> Corporate | <input type="checkbox"/> Other (specify) _____ |

COLLECTION

Size (number of items): Print: _____ Nonprint: _____

Indicate any areas of collection specialization (Example: Russian language, genealogy, historical):

LIBRARIAN

Name and Position Title: _____

Home Phone Number (unpublished, for emergency use only): _____

E-mail Address: _____

Library E-mail Address: _____

LIBRARY DEPTS.	PHONE/EXT.	LIBRARY DEPTS.	PHONE/EXT.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STAFF

TITLE

E-MAIL ADDRESS

REGULAR HOURS OF OPERATION

Monday _____

Friday _____

Tuesday _____

Saturday _____

Wednesday _____

Sunday _____

Thursday _____

Please indicate approximate periods of the year that the library or school media center schedule differs from the above schedule. Include vacation dates: _____

Does the library/media center use computers for its library operations (for circulation control, cataloging, public catalog)? _____ **YES** _____ **NO**

If **YES**, please specify the vendor(s) of the software used: _____

Does your library have access to the Internet? _____ **YES** _____ **NO**

If **YES**, what is the source of that access? (*campus, school, commercial vendor, educational collaborative*)?

If **NO**, are there plans in effect to obtain that access? _____ **YES** **WHEN?** _____ _____ **NO**

Is the collection cataloged in machine-readable (MARC) form? _____ **YES** _____ **NO**

If **YES**, approximately what percentage is in machine-readable form? _____

Is the collection accessible over the Internet or World Wide Web? _____ **YES** _____ **NO**

If **YES**, how is this access achieved? _____

Network Affiliations: _____

(*List any to which the library/media center belongs, eg., OCLC, CLGS, HILC, C/W MARS, etc.*)

Does your library currently participate in a system for physical delivery of library materials?

_____ **YES** _____ **NO**

If **YES**, please identify or describe that delivery system: _____

Thank you for supplying this information, which WMRLS will use to communicate with its members and to develop appropriate services. Please notify WMRLS of any changes in this information so that we always have the most current information about your library/media center.