

**NETWORK MEMBERSHIP APPLICATION**

NN/LM Middle Atlantic Region  
New York Academy of Medicine  
1216 Fifth Avenue  
New York, NY 10029  
(212) 822-7396

**I. MEMBERSHIP IDENTIFICATION**

Name of person completing this (please print) \_\_\_\_\_

Title \_\_\_\_\_ email address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Institution Name \_\_\_\_\_

Library Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ U.S. Congressional District \_\_\_\_\_

Main telephone # ( ) \_\_\_\_\_ Library phone # ( ) \_\_\_\_\_

Reference phone # ( ) \_\_\_\_\_ Reference fax # ( ) \_\_\_\_\_

ILL phone # ( ) \_\_\_\_\_ ILL fax # ( ) \_\_\_\_\_

Name of primary contact \_\_\_\_\_

Title \_\_\_\_\_

Email address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Reference Contact \_\_\_\_\_ Email address \_\_\_\_\_

ILL Contact \_\_\_\_\_ Email address \_\_\_\_\_

Does your library have access to the World Wide Web? Yes  No

Home page URL for Library and/or Institution \_\_\_\_\_

Type of library (circle most appropriate response)

1. Primary Healthcare 2. Academic Health Sciences Library 3. Other Health non-profit Library  
4. Health for-profit Library 5. Other \_\_\_\_\_

Please list any consortia and/or library groups of which your library is a member \_\_\_\_\_

## II. RESOURCES IN SUPPORT OF HEALTH SCIENCES INFORMATION SERVICES

Does your library have access to the World Wide Web? Yes  No

Number of professional staff (with graduate school degrees) in the library (FTE) \_\_\_\_\_

Number of non-professional library staff (full time and part time) \_\_\_\_\_

How many monograph (book) titles are in your collection? \_\_\_\_\_ Audiovisual titles? \_\_\_\_\_

How many individual journal titles do you currently receive by subscription or gift? \_\_\_\_\_

Are your journal holdings currently entered in OCLC's WorldCat? Yes  No   
If yes, what is your OCLC CODE \_\_\_\_\_

Is your library served by a circuit librarian? Yes  No   
If yes, name and institution of circuit librarian \_\_\_\_\_

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## III. LIBRARY POLICY

Is your library open to all personnel affiliated with your institution Yes  No

Does your library have a consumer health collection Yes  No

Does your library serve unaffiliated healthcare professionals Yes  No   
Collection access privileges Yes  No   
Interlibrary loans Yes  No   
Mediated database searching Yes  No

Does your library serve non-healthcare professionals? Yes  No   
Collection access privileges Yes  No   
Mediated database searching Yes  No

Does your library serve the general public? Yes  No   
Collection access privileges Yes  No   
Mediated database searching Yes  No

## IV. INTERLIBRARY LOAN/DOCUMENT DELIVERY SERVICES

Are materials not available in your library obtained through Interlibrary Loan Yes  No

Does your library provide the following services to other libraries:  
Book/Monograph loans Yes  No   
Bound journal loans Yes  No   
Unbound journal loans Yes  No   
Document Delivery services Yes  No   
Audiovisuals Yes  No

Please return this form either by mail or fax to:  
NN/LM Middle Atlantic Region  
New York Academy of Medicine  
1216 Fifth Avenue  
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telephone: (212) 822-7396 fax: (212) 534-7042  
<http://nmlm.gov/mar>