MeLCat Resource Sharing & Union Catalog
Shared System Application Form

Shared System Name: _____

Institution Name: _____

Mailing Address: _____

City _____, Michigan   Zip Code _____

Shared System Contact Person Name: _____

Contact Person Title: _____

Contact Person Email: _____

Contact Person Phone: _____

Contact Person Fax: _____

By signing this application form, the Shared System agrees to facilitate its member libraries' participation in MeLCat through:

a. Making bibliographic and holdings records of its members available for loading into the MeLCat Union Catalog.
b. Maintaining the currency of its member libraries' bibliographic, holdings, and patron records for MeLCat.

The Shared System further agrees to abide by the MeLCat Policies and Procedures, available at https://www.mcls.org/melcatpolicies. Failure to abide by MeLCat policies and procedures may result in suspension of member libraries' MeLCat privileges.

A list of Shared System member libraries is attached hereto.

By Authorized Representative on behalf of the Shared System:

_____
(print name)   (print title)

Signature: _____ Date: _____

Shared System Name: _____

Please mail the completed, signed application form to:

State Librarian
Attn: MeLCat Participation Application
Library of Michigan
702 W. Kalamazoo
P.O. Box 30007
Lansing, MI 48909-7507

Note: your Shared System's participation in MeLCat will not be valid until approved by MeLCat staff. Please be aware that your Shared System will need to take further steps after receiving approval to schedule loading of records and other activation events before your participation is fully functional. Also, each member library will need to complete a **MeLCat Resource Sharing & Union Catalog Participation Application Form** before the library's patron borrowing functionality will be activated.

MeLCat Staff Use Only

Rcvd _____ Approved _____ Agency Code _____

Other _____