

MeLCat Resource Sharing & Union Catalog Participation Application Form

Library/Institution Name: _____

Mailing Address: _____

City _____, Michigan Zip Code _____

Contact Person Name and Title: _____

Contact Person Email: _____

Contact Person Phone: _____

Contact Person Fax: _____

Shared System Library Participates In (if applicable) _____

By signing this application form, the Library agrees:

1. To abide by the MeLCat Policies and Procedures, available at:

<http://mcls.org/melcatpolicies>

2. To participate in the MeLCat Resource Sharing System through:

- a. Lending to, and borrowing from, MeLCat libraries in accordance with policies.
- b. Monitoring MeLCat requests and responding to requests in accordance with the policies.
- c. Participation in the statewide delivery service. For cost and policy information, see: <http://mcls.org/rides/joining-rides/>

3. To participate in the MeLCat Union Catalog through:

- a. Making bibliographic and holdings records available for loading into the MeLCat Union Catalog. Libraries using a shared system are responsible for working with their shared system administrators to make records available.
- b. Maintaining the currency of the library's bibliographic, holdings, and patron records for MeLCat.
- c. Sharing their bibliographic records in the statewide union catalog with other Michigan libraries for cataloging purposes.

4. To follow required steps for withdrawing from participation in MeLCat, as follows:

- a. The library will inform the State Librarian in writing of its intent to withdraw three (3) months in advance.

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- b. The library will continue to respond to MeLCat resource sharing requests until a mutually-agreed date within three (3) months notice of withdrawal.
- c. Upon withdrawal, the library's holdings will be removed from the public interface.

5. Failure to abide by MeLCat policies and procedures may result in suspension of MeLCat privileges.

By Authorized Representative on behalf of the Library:

(Print name)

(Print title)

Signature: _____ Date: _____

Library/Institution 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 library's participation in MeLCat will not be valid until approved by MeLCat staff. Please be aware that your library will need to take further steps after receiving approval to schedule loading of records and other activation events before your participation is fully functional.

MeLCat Staff Use Only

Rcvd _____ Approved _____ Agency Code _____

Other _____