



Enhanced Membership Application

The following information was generated from the information on record for your library. Please fill in the blanks as needed, make any necessary corrections to existing information, sign and mail or fax the completed renewal application to SERLS.

Date: _____

County:

Library Name:

Library Address:

Phone:

Fax:

Website:

Total Full Time Equivalent Staff _____

Director:

e-mail:

Contact person:

e-mail:

Fiscal Officer:

e-mail:

Your library will be invoiced upon receipt of Enhanced Membership Application