



OCLC Group Services Participation Agreement

Complete all the requested information on this agreement. Mail the completed, signed agreement to the Idaho Commission for Libraries. The completed agreement with original signature must be received by June 3, 2016.

Library Information

Library name: _____

Street Address: _____ Mailing address (if different): _____

Schools: _____ Indicate student enrollment for your school
(use full district enrollment if joining on behalf of entire district): _____

Non-school libraries: _____ Indicate full-time equivalent (FTE) employees for the library.
Public libraries must use the number reported for 2014 statistics:

Fees _____

Refer to the LiLI Unlimited Annual Fees as posted at <http://libraries.idaho.gov/page/lili-unlimited>, then indicate the appropriate fee for your library based upon the information provided above:

FY 2016 Annual Fee: \$ _____

Terms of Participation

- The library meets the eligibility requirements as outlined at <http://libraries.idaho.gov/files/eligibility.pdf>.
- The participating library is responsible for the Annual Fee, which will be billed by OCLC.
- Fees are based upon a fiscal year beginning July 1st and ending June 30th.
- The subscription for services will be automatically renewed annually on July 1st. Withdrawal from participation must be done in writing, no later than May 31st.
- The participating library agrees to the OCLC Terms and Conditions for use of the OCLC WorldCat database, cataloging records, and use of the system.
- The participating library will contribute holdings information to the LiLI Unlimited Catalog housed at WorldCat.org.
- The participating library will have a local ILL lending and borrowing policy that does not discriminate by type of library, geographic location, or end user characteristics.
- The participating library agrees to lend books and other returnable materials to Idaho libraries at no charge to them.
- The participating library agrees to comply with the Interlibrary Loan Code for the United States and the Idaho Interlibrary sharing Guidelines.

Our library will participate in LiLI Unlimited OCLC Group Services. We have read, understand, and agree to the terms for participation as presented.

Library Director Signature _____ Date

Administrative Authorized Signature (e.g. Board Chair, Superintendent, Principal, etc.) _____ Date

Contact Information

Complete this page for each branch (school) library that needs a unique login.

Primary Contact

Name: _____

Title: _____

Email: _____

Phone: _____ Fax: _____

Fiscal Billing Contact

Check if same as Primary Contact

Name: _____

Title: _____

Email: _____

Phone: _____ Fax: _____

Cataloging Contact

Check if same as Primary Contact

Name: _____

Title: _____

Email: _____

Phone: _____ Fax: _____

ILL Contact

Check if same as Primary Contact

Name: _____

Title: _____

Email: _____

Phone: _____ Fax: _____

Account Setup Information

Please provide the following information to help OCLC set up your account

Your library's classification system: Dewey Decimal Library of Congress Other

Preferred default password for cataloging access: _____

If you know your library's OCLC Symbol, please write it here: _____