Please complete all the requested information on this agreement. Mail the completed, signed agreement to the Idaho Commission for Libraries. Document with original signature must be received by May 15th, 2009.

Mail to:
Gina Persichini, Idaho Commission for Libraries, 325 W. State Street, Boise, ID 83702

Questions?
Contact Gina Persichini, Networking Consultant, gina.persichini@libraries.idaho.gov, 208-334-2150, 800-458-3271

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 2008 statistics: __________________________________________

Fees
Refer to the LiLI Unlimited Resource Sharing Fees available at http://libraries.idaho.gov/liliu-costs, and then indicate the appropriate fee for your library based upon the information provided above:

2009 Annual Fee: $________________________

Terms of Participation
• The library meets the eligibility requirements as outlined at http://www.lili.org/lili/unlimited/eligible.htm.
• The participating library is responsible for the Annual Fee, which will be billed by the Online Computer Library Center (OCLC).
• Fees are annual 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 March 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 as found at http://www.lili.org/lili/unlimited/terms.pdf and will comply with the OCLC Principles of Cooperation.
• The participating library will contribute holdings information to the LiLI Unlimited Catalog.
• 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 Idaho Interlibrary Sharing Guidelines.
• Our library will participate in the LiLI Unlimited Resource Sharing 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:
Make copies of this page and complete for each branch library requiring a separate login.

Primary contact
Name: ____________________________
Title: ____________________________
Email: ____________________________
Phone: ____________________________ Fax: ____________________________

Fiscal Billing Contact  □ check if same as Primary Contact
Name: ____________________________
Title: ____________________________
Email: ____________________________
Phone: ____________________________ Fax: ____________________________

Primary 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: ____________________________

Preferred default password for interlibrary loan access: ____________________________

Does your library currently have a FirstSearch account? □ Yes □ No □ Not sure

If you know your library’s OCLC Symbol, please write it here: ____________________________