

RAILS Membership Application

Updated November 2023

Instructions

This application is required for membership with the Reaching Across Illinois Library System (RAILS). More information on the membership application process can be found at: www.railslibraries.org/join-rails

Directory information

Type of Library:

(Please Check One)

Academic

Public

School

Special

Library Name: _____

Company/Institution/School Name: _____

Mailing Address: _____

City: _____ **Zip Code:** _____

County/Counties: _____

District Number:

(For Public School Libraries Only)

Library Phone Number: _____ **Fax Number:** _____

Institution URL: _____

Director/Administrator Information

Name: _____

Job Title: _____

Email: _____

Phone Number: _____ **Fax Number:** _____

Bibliographic Access

To be eligible for RAILS membership, your library must meet the following system requirements. By checking the boxes below, you are acknowledging that your library meets system requirements.

- Library has bibliographically organized collection
- Library is staffed by paid employees at least 15 hours/week
- Library has permanent financial support
- Library is accessible centrally
- Library occupies identifiable quarters in one principal location

Holdings

Please indicate the number of holdings your library offers for the following formats.

Books:

(number of volumes) _____ **Audiovisual Titles:** _____

Periodical Titles:

(paper or microform only) _____

Other: _____

Access

- If your library is an OCLC member, please provide your symbol (not required): _____
- If your library has an online catalog of library materials or online patron access catalog (OPAC), please indicate which software/automation program you use (e.g., Follett, Sirsi/Dynix).

- If you do not currently have an online catalog, please indicate your future plans and approximate date of installation:

- Are your bibliographic records in MARC format? Yes No
- If none of the above apply, explain how your collection is organized:

- Does your library have an Internet connection? Yes No

Hours of Operation

Please list your library's hours of operation below. (The library must be staffed by a paid employee at least 15 hours per week.)

Day	Opening Time	Closing Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Total number of hours per week library is open and staffed: _____

Representative to the RAILS Board of Directors

Each member library of RAILS is required to name one representative to the system.

Name of Representative: _____

Relationship to Library:

- Library Staff Member
- Library Board Member
- School District Employee (Not in Library)
- School District Administrator
- School Board Member
- Other (Please Specify): _____
- Academic Institution Employee (Not in Library)
- Academic Institution Board Member
- Corporate Employee (Not in Library)
- Corporation Board Member

Full-Time Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email: _____

Person Authorized to Complete This Form

Name: _____ **Date:** _____

Title: _____

Company/Institution/School Name: _____

Phone Number: _____

By checking this box, I acknowledge that I am authorized to complete this form.

Return Application To:

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Reaching Across Illinois Library System
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