



OHIONET Membership Application

Name of Library: _____

Address: _____

City/State/Zip: _____

County: _____

Does your library have an OCLC Symbol? _____ If so, what is it? _____

Whom should we contact at your library regarding this application?

Name: _____

Phone: _____ **Fax:** _____

E-Mail Address: _____

Please indicate the category of OHIONET membership for which you are applying.

Premium

Member

In what services are you interested?

Library supplies & equipment

Continuing education

Electronic resources/Reference databases

OCLC Cataloging

Web design/development

OCLC Resource Sharing

Technology management (proxy/web hosting, shared server)

Other (please specify _____)

