



Membership Application

Institutional Member Information

Institution/Organization: _____

Library Director/Dean: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Email: _____ Phone: _____

Fax: _____ Website: _____

Library/Organization Type

Academic Public Cooperative Special Other _____

Membership Type (check all that apply)

Membership rights and responsibilities are described in the By-Laws

Full Membership
(voting member, academic or research libraries)

Liaison Membership
(non-voting, affinity of interest w/ SEMLOL)

Interested in participating in Reciprocal Borrowing (INFOPASS)

Reasons for Requesting Membership

Submit completed application to: _____
gcocozzol@ltu.edu or
SEMLOL c/o Gary Cocozzoli
Lawrence Technological University
21000 West Ten Mile Rd
Southfield, MI 48075-1058