Library Management Network, Inc.
1405 Plaza Street SE
Decatur, AL 35603
256-822-2371

Membership Application Request
The following information helps provide an accurate cost estimate

NAME OF LIBRARY: _____

ADDRESS: _____

_____ PHONE: _____

CONTACT: _____ EMAIL: _____

I. LIBRARY TYPE:
___ Public
___ Academic

II. DESCRIPTION OF LIBRARY AND DATA:

Bibliographic Holdings (items/volumes) count: _____

Number of titles added per month: _____

Describe current cataloging procedures used:

AACR2?	_____YES	_____NO
MARC records?	_____YES	_____NO
RDA?	_____YES	_____NO
Subject headings: Library of Congress	_____YES	_____NO
MESH?	_____YES	_____NO

Does the Library have a Self-checkout device?   _____YES   _____NO

Does the Library have an OCLC subscription for cataloging?   _____YES   _____NO

How many characters are in the barcode used for items/patrons? _____

Give an example of the barcode format, including spacing:_____

Mark all the formats used by the Library:
eBook?   _____YES
eAudiobook?   _____YES
eVideo?   _____YES

Does the library have a Self-Checkout device? _____

Are any MARC bib records supplied by a vendor? _____ Vendor Name:_____

## III.	REQUESTS:

LMN uses Soutron/Auto-Graphics Basic Package (circulation, cataloging, web, and reports/Report Writer modules). Federated searching is an additional cost. What modules are desired? (mark all that apply)
_____Basic Package
_____Federated Searching

How many Total Simultaneous Staff Units are needed? _____

Staff Units located in the Main Library:
# of Admin: _____	# of Circulation: _____	# of Cataloging:_____

Staff Units located at Remote Branch Campuses:
Branch Name: _____	# of Circulation: _____	# of Cataloging:_____

## IV.	MIGRATION DATA:

List the current automation vendor:_____

Can the current system output records in MARC format? _____ YES _____ NO
(Local library staff will be expected to pull data into files for transferring via FTP to AG)

What files will the Library output for migration to LMN? (mark all that apply)
_____Bibliographic	_____Patron	_____Circulation Transactions
_____Item	_____Authority

## V.	DATES:

Anticipated Date to Begin Automation: _____

Anticipated Date to Begin Circulation w/ LMN: _____

Please send completed form to LMN charlotte@lmnconnect.org to be considered by the LMN Board of Directors.
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