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2010 InfoPass: Library Annual Program Activation Form

(For New and Participating Program Members)

WNYLRC Member's Library/Institution Name:_____

Address:_____ City: _____ State: NY Zip: _____

LAP onsite representative _____ Email: _____ Phone #:_____

Membership category: _____ Full _____ Associate _____ Affiliate (branch or school library) _____Collegial

If Full or Associate Member, check library type: _____ Academic_____ Public _____ School _____ Corporate _____ Hospital _____ Special

✓ **Please check ALL boxes that apply and correspond with the level of service your library provides InfoPass cardholders. Please attach for our files your library's InfoPass user's policy if available.**

	Access Policies		Lending Policies						
Category	Will allow on site access **without** an appointment to any InfoPass cardholder	Will allow on site access **by appointment** to any InfoPass cardholder	Will lend materials directly to any InfoPass cardholder	Will lend materials directly to any InfoPass cardholder who is 19 years or older	Will lend materials directly to any InfoPass cardholder who is a professional researcher patron of a WNYLRC member library	Will lend materials directly to any InfoPass cardholder who is a faculty/staff member of a WNYLRC member academic institution	Will lend materials directly to any InfoPass cardholder who is a graduate student of a WNYLRC member academic institution	Will lend materials directly to any InfoPass cardholder who is an undergraduate student of a WNYLRC member academic institution	Will lend materials directly to any InfoPass cardholder who is a high school student enrolled in Advanced Placement classes
Please check									

LAP/InfoPass Onsite Representative: By signing this Program Activation Form I agree that myself and relevant staff members have read the Library Access Project Handbook for Participating WNYLRC Members for specifics on the program and we will abide by the minimal requirements that are listed. Our institution/library also agrees to assume responsibility for the use of any *InfoPass* Card issued by our librarians or program representative(s) including the return of any materials borrowed. We are prepared to pay for lost books, overdue fines, or other charges incurred by patrons or individuals to whom our institution/library has issued cards.

Date: _____ Signature of Institution/Library's LAP/InfoPass Onsite Representative_____