



## ASSOCIATION OF SOUTHEASTERN RESEARCH LIBRARIES

### APPLICATION FOR ASERL MEMBERSHIP

Institution Name: \_\_\_\_\_

Library Address: \_\_\_\_\_

\_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Does your institution qualify as an education institution under Section 501(c)(3) of the Internal Revenue Service code or as a governmental agency? ( <i>circle one</i> )	Yes      No
Number of doctoral degrees conferred by your institution in the most recent academic year:	_____
Amount spent by your library during the last three years for Total Library Expenditures:	\$ _____ (year) \$ _____ (year) \$ _____ (year)

#### **ASERL's Mission Statement**

ASERL advances southeastern research libraries by enabling collaboration, sharing knowledge, fostering innovation, and building community.

#### **ASERL's Values**

1. We collaborate and foster collegiality and best practices among the research libraries of the southeast
2. We exceed expectations by building upon traditional strengths and responding to rapidly changing research technologies

## ASSOCIATION OF SOUTHEASTERN RESEARCH LIBRARIES

% Robert W. Woodruff Library, Suite 316

540 Asbury Circle

Atlanta, GA 30322-1006

Telephone: 404-727-0137 | Web: [www.aserl.org](http://www.aserl.org)

3. We provide leadership for developing staff and programs to keep libraries at the core of teaching, technology, and research activities at our universities
4. We work collectively toward creating a more equitable and inclusive environment

### **Brief Essay**

We would like to understand which programs and services offered by ASERL are of interest to your library. Please attach a description of your library's plans for participation in programming in support of ASERL's Mission and Values.

Signature: \_\_\_\_\_

*Library Dean/ Director signature*

\_\_\_\_\_ *date*

### **Next Steps**

1. All membership applications must be signed by the library director and include payment for a non-refundable application fee of \$1,000.00 payable to ASERL. Applications and payments are to be sent to the ASERL Executive Director at the address on the preceding page.
2. With 14 days of initial receipt of the application, the ASERL Executive Director will review the application to determine if your application meets the criteria for membership and will submit an eligibility report along with a copy of the application to the ASERL Board of Directors.
3. Within 14 days of receipt of the Executive Director's eligibility report, the ASERL Board will discuss the application and verify the eligibility of the applicant. The Board may request a site visit to the applicant's library as part of its deliberations.
4. If the Board determines the applicant is eligible, within 14 days of the Board's meeting the Secretary-Treasurer will submit a summary of the application and eligibility report to the Association's membership body for their review.
5. All applications will be discussed and voted upon by the membership as promptly as practical. Within 5 days of the vote, the Board President will inform the applicant of the results. Libraries whose membership applications are rejected for any reason will not be reconsidered for membership for a period of at least one year from the date of rejection.
6. Accepted membership applications will become active upon receipt of full payment of membership dues and program fees.
7. Questions about your application should be addressed to John Burger (via e-mail at [jburger@aserl.org](mailto:jburger@aserl.org) or via telephone at 404/218-4207).

Thank you for your interest in ASERL!