



2021 – 2022
INSTITUTIONAL MEMBERSHIP

Membership for October 1, 2021 – September 30, 2022

SWFLN creates and manages cooperative library programs and services for the benefit of library users, which provide library members with cost-effective services and the mutual value of providing the widest possible access to all types of library materials, and other forms of information, access to electronic information and training while maintaining respect for each library’s autonomy.

Eligibility:

Any library or information center that is an established institution in Southwest Florida and has a collection, budget, and full or part-time paid staff is eligible for membership.

How to join or renew:

- ❖ Complete this form (see reverse side) and return to the SWFLN office. If joining for the first time, please also submit the signed, Institutional Membership Agreement.
- ❖ Send check or purchase order for membership dues.

Membership Dues Scale:

LIBRARY OPERATING BUDGET **	DUES
0 – 99,999	\$200
100,000 – 499,999	\$400
500,000 – 999,999	\$750
1,000,000 – 1,999,999	\$2,000
2,000,000 – 2,999,999	\$2,500
3,000,000 – 3,999,999	\$2,750
4,000,000 – 4,999,999	\$3,000
5,000,000 – 5,999,999	\$3,250
6,000,000 – 6,999,999	\$3,500
7,000,000 – 7,999,999	\$3,750
8,000,000 – 8,999,999	\$4,000
9,000,000 – 9,999,999	\$4,250
10,000,000 – 10,999,999	\$4,500
11,000,000 – 11,999,999	\$4,750
12,000,000 – 12,999,999	\$5,000
13,000,000 – 13,999,999	\$5,250
14,000,000 – 14,999,999	\$5,500
15,000,000 – 15,999,999	\$5,750
16,000,000 – 16,999,999	\$6,000
17,000,000 – 17,999,999	\$6,250
18,000,000 – 18,999,999	\$6,500
19,000,000 – 19,999,999	\$6,750
20,000,000 – 29,999,999	\$7,000

**** Library Operating Budget**

Includes all salaries, benefits, administrative, facilities, and collection expenses.

Does not include LSTA grants or construction dollars.

SWFLN INSTITUTIONAL MEMBERSHIP APPLICATION FORM

Membership for October 1, 2021 – September 30, 2022

Information provided on this form will be included in the membership directory.

Date _____

Institution Name _____

Address / Street _____

City / State / Zip + 4 _____

Phone _____ Fax _____

Institution Website URL _____

Designated Representative _____

Title _____

Phone _____ E-mail _____

Emergency Phones _____
(For use in case of disaster)

FTE Staff with MLS _____ # Total FTE Paid Staff _____

TYPE OF INSTITUTION:

- | | |
|---|---|
| <input type="checkbox"/> Community College Library | <input type="checkbox"/> School Library Media Center |
| <input type="checkbox"/> Library Foundation / Friends | <input type="checkbox"/> Special Library _____ |
| <input type="checkbox"/> Museum | <input type="checkbox"/> University / College Library |
| <input type="checkbox"/> Public Library | <input type="checkbox"/> Other: _____ |

MEMBERSHIP DUES (see other side for dues scale): \$ _____

(If your institution is in a position to provide additional support for our organization, donations are gratefully accepted.) \$ _____

Enclosed Will be sent

MAIL APPLICATION AND DUES TO:

Southwest Florida Library Network
13120 Westlinks Terrace
Unit 3
Fort Myers, Florida 33913

Phone: (239) 313-6338
Fax: (239) 230-2739
E-mail: luly@swfln.org