

LLAGNY NEW LIBRARY OR LIBRARY CHANGE FORM

For institutions only. To change an individual's information,
see Member Name/Address Change form.

Check which is changing. Please fill out complete form (new libraries ignore first few lines).

Organization name

Former Name

Organization address

Former Address

Interlibrary Loan information/Other information

ORGANIZATION/LIBRARY NAME:

Street Address:

Floor/Room Number:

City/State/Zip Code:

Main Telephone Number: ()

Library Fax Number: ()

Library Type (circle one of the following numbers):

1 Academic

3 Government or Court

5 Bar Association

2 Corporate

4 Private or Law Firm

6 Vendor or Sales

7 Other

INTERLIBRARY LOAN PICK-UPS (if not applicable, leave blank):

Street Address:

Floor/Room Number:

ILL Phone Number: ()

Days and Hours:

Monday-Friday: : am or pm through : am or pm

Saturday: : am or pm through : am or pm

Sunday: : am or pm through : am or pm

Other: _____

If your Interlibrary Loan DROP-OFF information is different from pick-up information, indicate address or days and hours below:

Address:

Days/Hours:

Please mail this form to:

Law Library Association of Greater New York
Membership Chair
P.O. Box 5296
New York, NY 10185

You may also fax this form to the Membership Chair; see *Law Lines* or
<<http://aall.wuacc.edu/chapter/llagny/director.htm>> for Membership Chair contact information.