



Enhanced Membership Application

The following information was generated from the information on record for your library. Please fill in the blanks as needed, make any necessary corrections to existing information, sign and mail or fax the completed renewal application to SERLS.

Date: _____

Sylvester Memorial Library Wellston Public Library
135 E. Second Street
Wellston, Ohio 45692

County:

Phone:

Fax:

Website:

Total Full Time Employees (FTE's) (do not include custodian' and shelvers)*:

Director/

Contact person:

Title:

E-mail:

Your library will be invoiced upon receipt of Enhanced Membership Application