CONSORTIUM OF TANZANIA UNIVERSITY AND RESEARCH LIBRARIES (COTUL)

website: www.cotul.or.tz
Email: info@cotul.or.tz |Phone: +255-……..

MEMBERSHIP REQUEST FORM

SECTION A: INSTITUTIONAL INFORMATION

1. Full Name of the Institution/Organization: _____
2. Category of Institution: ☐ University ☐ College ☐ Research Institute ☐ Government Agency ☐ NGO ☐ Other (please specify): _____
3. Physical Address of the Institution: _____
4. Postal Address: _____
5. Email Address: _____
6. Website URL: _____
7. Official Telephone Number(s): _____

SECTION B: USER INFORMATION

8. Total Number of Academic Staff: _____
9. Total Number of Administrative/Support Staff: _____
10. Total Number of Students: _____
11. Other Potential E-resources Users (if applicable): _____

SECTION C: LIBRARY STAFF AND E-RESOURCES INFORMATION

12. Availability of a Library: ☐ Yes ☐ No
13. Name of the Library:_____
14. Library Leader's Name and Title: _____
15. Library Leader's Contact Information: _____
    Email: _____
    Phone: _____
16. Name of E-Resources Coordinator/Contact Person: _____
17. Coordinator's Contact Information: _____

Email: _____

Phone: _____

18. Does your institution have the infrastructure to access and manage electronic resources? ☐ Yes ☐ No ☐ Partially (Please explain):

19. Mention the sources of e-resources you use at the moment

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20. Describe the current status of your institution's e-resources usage and needs:

_____

_____

_____

SECTION D: MEMBERSHIP DETAILS AND DECLARATION

21. Statement of Intent: _____

_____

_____

22. Authorized Signatory Name and Title: _____

23. Signature and Official Stamp:

_____

(Signature)

Stamp

Date: ___ / ___ / _____

SUBMISSION INSTRUCTIONS

Please submit the completed form via email to: es@cotul.or.tz , copy to cotultanzania22@gmail.com

For inquiries, contact COTUL Secretariat through the official contact on the website www.cotul.or.tz