

SACO Application/Information Form



Program for Cooperative Cataloging

SACO: Subject Authority Cooperative Program

Please complete this Form, Save it with a new name, and return it as an attachment to an email message to saco@loc.gov

Name of institution:

Address:

MARC 21 identification code:

Type of membership (select one from the drop down menu):

Institutional member

Funnel member

Please provide the name of the funnel, if known

General comments on user community, collection strengths, particular area(s) of expertise, etc.

Estimated total number of authority records to be contributed to SACO:

Name of Library Director:

Mailing Address:

Tel.: E-mail

Name of Administrator
(i.e., Head of Tech. Svcs.,
or Head of Cataloging)

Mailing Address:

Tel.: E-mail

Name of SACO contact
(person responsible for day-to-day
operation of SACO, review of headings, etc.)

Mailing Address:

Tel.: E-mail

Name of Back up (must be different
from SACO contact; serves in absence
of primary SACO contact)

Mailing Address:

Tel.: E-mail