DLM Forum

Membership Application Form

I, the undersigned, on behalf of the organisation indicated below, apply to join the DLM Forum.

1.

Organisation / Institution			
Salutation (Please indicate)	Mr / Mrs / Miss / Ms / Dr. / Other please specify		
Last Name		First Name	
Position		Email	
Address			
Town		Region	
Country		Zip Code	
Telephone		Fax	

If the person above is not to be the company's nominated assigned delegate to the DLM Forum, please provide additional details for the correct person. Please only complete details if different to those submitted above.

2.

Salutation (Please indicate)	Mr / Mrs / Miss / Ms / Dr. / Other please specify		
Last Name		First Name	
Position		Email	
Address			
Town		Region	
Country		Zip Code	
Telephone		Fax	

Please indicate the type of membership you wish to apply for;

Type of Organisation	DLM Votes	Price *	4	Type of Organisation	DLM Votes	Price *	4
National Archives	5	€750		**Associations (Small)** (Less than 100 Members)	1	€250	
Regional and Local Public Archives	1	€750		**Suppliers (Large)** Annual Sales of €1million or more	1	€2500	
Commercial Archives / Company Archives	1	€750		**Suppliers (Small)** Less than €1million Annual Sales	1	€750	
Universities	1	€250		**Consultants (Large)** 25 or more Full Time Staff	1	€2500	
Public Agencies	1	€250		**Consultants (Small)** Less than 25 Full Time Staff	1	€750	
Regulatory Bodies	1	€250		**Sponsors / Donors**	1	€2500 up	
Standardisation Bodies	1	€250		**Single Persons of the DLM Community ****	0	€250	
Associations (Large) (Greater than 101 Members)	1	€750		**Honorary Members**	0	€0	

* Annual Subscription.

** Single Persons of the DLM Community may not be employees or associates of organisations that would otherwise be eligible for membership.

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Payment Details:

Please do not send any monies when applying for membership of the DLM Forum, applicants will be invoiced for the relevant amount once a membership application has been approved in accordance with the Constitution.

For invoicing purposes, please indicate which person the invoice should be addressed to, either 1 or 2 above, if another person please complete below.

All invoices will be issued quoting an invoicing reference or purchase order number, please ensure that this is completed to assist with the prompt payment of the membership subscription.

Organisation / Institution			
Salutation (Please indicate)	Mr / Mrs / Miss / Ms / Dr. / Other please specify		
Last Name		First Name	
Function		Email	
Address			
Town		Region	
Country		Zip Code	
Telephone		Fax	
Invoice Reference / Purchase Order Number			

Payment of the invoice in full will be required within 30 days of date of invoice.

AUTHORISATION

Signature:_____ Date: _____

Print Name: _____

Position: _____

Please complete this form and indicate your choice of membership from the list above, sign and return by fax to: Georgina Clelland, fax: +44 1905 727609, Secretariat to the DLM Forum, AIIM Europe, 8 Canalside, Lowesmoor Wharf, Worcester. WR1 2RR. United Kingdom. mailto:georgina.clelland@aiim.org.uk