



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 *	Type of Organisation	DLM Votes	Price *
National Archives	5	€875	Suppliers (Small) Less than €1million Annual Sales	2	€875
Other Public Archive	2	€875	Consultants (Large) 25 or more Full Time Staff	5	€2500
Commercial Archives / Company Archives	2	€875	Consultants (Small) Less than 25 Full Time Staff	2	€875
Universities	2	€325	Sponsors / Donors	2	€2500 up
Public Agencies	2	€325	Individual Persons	1	€275
Regulatory Bodies	2	€325	Accredited Test Centres MoReq accredited test centres	2	€1500
Associations (Large) (Greater than 101 Members)	5	€875	Associate Members Students can join as Associate Members	0	€75
Associations (Small) (Less than 100 Members)	2	€325	Honorary Members	0	€0
Suppliers (Large) Annual Sales of €1million or more	5	€2500			

* Annual Subscription



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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 the above forms, indicate your choice of membership, sign and return the form:

1. e-mail: secretariat@dlmforum.eu
2. Send to DLM Forum Secretariat, H-1014 Budapest, Bécsi kapu tér 2-4. HUNGARY

Any queries please contact us on +36 (30) 277 87 41