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 \* |  |
| Large or National Archives  | 5 | € 875 |  |
| Other Archives | 2 | € 350 |  |
|  Other Bodies | 2 | € 350 |  |
| **Large Enterprises** (Greater than 100 Members) |   5 | € 875 |  |
| **Medium Enterprises**(Members between 50-100) | 4 | € 700 |  |
| **Small Enterprises**(Members between 10-49) | 3 | € 525 |  |
| **Micro Enterprises**(Members between 5-9) | 2 | € 350 |  |
| **Other Enterprises**(Members between 0-4) | 1 | € 175 |  |
| **Individual Members** | 1 | € 175 |  |
| Honorary Members | 0 | € 0 |  |

\* Annual Subscription

**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 to secretariat@dlmforum.eu

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