APPLICATION FOR INSTITUTIONAL MEMBER

INSTITUTIONAL MEMBER DESCRIPTION

Institutional Members play a key role in DCMI governance through the active participation of their respective Voting Representatives in the deliberations and decisions of the DCMI Oversight Committee. Institutional Members are DCMI Voting Members.

An Institutional Member is a public entity, a not-for-profit organization, a governmental agency, a quasi-governmental agency or a supra-governmental agency. However, Institutional Members need not be incorporated entities if otherwise recognized by DCMI. An Institutional Member may be an entity within the "Locale of influence" of a Regional Member. For general information on rights and obligations, review http://dublincore.org/support/.

NOTE: If you are a for-profit organization, please use the application form for the Supporting Member program.

VOTING MEMBERSHIP

As Voting Members, Institutional Members appoint a Representative to the Governing Board to act on the Member's behalf in all governance matters brought before the Governing Board including the election of the representative officers of the Board who provide oversight for both the daily operations of DCMI and the work of the managing Directorate.

In addition to participation in regularly scheduled quarterly Governing Board conference calls, the Institutional Member Representative is expected to participate, either in person or electronically, in the Board’s meeting at DCMI’s annual conference. Free registration for the Institutional Member Representative to attend the annual meeting is included in the annual membership dues. The Institutional Member covers travel expenses to the annual meeting for its Representative.

MEMBERSHIP DUES

The annual membership fee for Institutional Members is US$3,000. The Governing Board annually reviews the dues structure and makes adjustments according to then prevailing circumstances. Any resulting changes become effective the following membership year.

The initial year of membership does not commence until the dues payment is transferred to ASIS&T’s bank account. Dues payments in subsequent years will fall due on the membership anniversary.
APPLICATION FORM

ORGANIZATIONAL INFORMATION

ORGANIZATION NAME: ______________________________________________________________

AUTHORIZING OFFICER: ____________________________________________________________

PRINCIPAL LOCATION/CONTACT ADDRESS OF ORGANIZATION

STREET ADDRESS: ________________________________________________________________

CITY: ______________________________ STATE/PROVINCE: __________________________

ZIP/POSTAL CODE: ______________________ COUNTRY: _____________________________

PHONE NUMBER: ______________________ FAX: _________________________________

EMAIL ADDRESS: ______________________________________________________________

WEBSITE URL: ________________________________________________________________

OFFICIAL REPRESENTATIVE TO THE GOVERNING BOARD

LAST NAME: _________________________ FIRST NAME: ______________________________

POSITION TITLE: ______________________________________________________________

STREET ADDRESS: ______________________________________________________________

CITY: ______________________________ STATE/PROVINCE: __________________________

ZIP/POSTAL CODE: ______________________ COUNTRY: _____________________________

PHONE NUMBER: ______________________ FAX: _________________________________

EMAIL ADDRESS: ______________________________________________________________

WEBSITE URL: ________________________________________________________________
ALTERNATIVE REPRESENTATIVE TO THE GOVERNING BOARD

LAST NAME: ___________________________ FIRST NAME: ___________________________

POSITION TITLE: ____________________________________________________________

STREET ADDRESS: __________________________________________________________

CITY: ___________________________ STATE/PROVINCE: __________________________

ZIP/POSTAL CODE: ___________ COUNTRY: __________________________

PHONE NUMBER: ______________________ FAX: __________________________

EMAIL ADDRESS: __________________________________________________________

WEBSITE URL: __________________________________________________________

INSTRUCTIONS ON PAYMENT OF DUES

DCMI Supporting Member annual dues are paid either by bank transfer or by mailing a check using the following information:

PAYEE INFORMATION

Payee Name: Association for Information Science and Technology (ASIST)
Payee Address: 8555 16th Street, Suite 850, Silver Spring, Maryland, USA 20910
Phone: +1 301 495-0900 (Voice) +1 301 495-0810 (Fax)

BANK TRANSFR INFORMATION

Bank Name: BANK OF AMERICA
Bank Address: 6001 MONTROSE ROAD, ROCKVILLE, MD USA 20852
Deposit #: 4460 2657 9771
Routing #: 026 009 593
SWIFT Code: BOFAUS3N

SUBMITTING THE APPLICATION

To submit your application for Institutional Member membership:

1. Complete the Application Form and scan as a PDF;

2. Prepare images for use on the DCMI website and in DCMI promotions. Submit the images in .png, .gif, or .jpg file format. The images should be of sufficient quality to
reproduce effectively at 350px in width (the larger the image, the better). Include images of:

- The **Institutional Member’s** logo (preferably with transparent background); and
- A portrait image of the **Institutional Member’s** appointed representative.

3. Complete payment to ASIS&T for US$3,000 (check of bank transfer);

4. Email the completed Application Form PDF and the image files to dcmi-payment@asist.org; and

5. DCMI will email an acknowledgement of payment to the **Institutional Member** Representative upon payment of the dues. The appointed Representative will be added to the relevant mailing lists, welcomed to the **Governing Board** and provided with member login credentials.