



APPLICATION FOR SUPPORTING MEMBER

SUPPORTING MEMBER DESCRIPTION

A *Supporting Member* is any private sector entity including companies and foundations interested in promoting the work and well being of DCMI. A *Supporting Member* need not actually use DCMI specifications in either products or services. A *Supporting Member* may be an entity within the "locale of influence" of a DCMI *Regional Member*. For general information on rights and obligations, review <http://dublincore.org/support/>.

NOTE: If you are a non-profit organization, please consider using the application form for the Institutional Member program.

OVERSIGHT COMMITTEE OBSERVER STATUS

Supporting Member representatives are notified of pending *Oversight Committee* meetings and may attend such meetings electronically and as observers and may provide informal input into deliberations. The *Supporting Member* Representative may attend the *Board's* once-a-year meeting at DCMI's annual conference. Such attendance may be either in person or electronic. Free registration for the *Supporting Member* Representative to attend the annual meeting is included in the annual membership dues. The *Supporting Member* covers travel expenses for its Representative to the annual meeting.

MEMBERSHIP DUES

The annual membership fee for Supporting Members is US\$5,000. The *Governing Board* reviews the dues structure annually 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 – SEE NEXT PAGE

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

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 INFORMATION

Bank Name: BANK OF AMERICA
Bank Address: 6001 MONTROSE ROAD, ROCKVILLE, MD USA 20852
Deposit #: 446 026 579 771
Routing #: 026 009 593
SWIFT Code: BOFAUS3N

SUBMITTING THE APPLICATION

To submit your application for *Supporting 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 *Supporting Member's* logo (preferably with transparent background); and
 - A portrait image of the *Supporting Member's* appointed representative
3. Complete Payment to ASIS&T for US\$5,000 (check or 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 *Supporting Member* Representative upon payment of the dues.