**Ex Libris Users of North America (ELUNA)**

**2017 Membership Application/Membership Renewal Form**

Please provide us with the following information:  **NEW MEMBER** \_\_\_\_\_\_\_\_\_\_\_\_**RENEWAL**

Institution Name::\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this institution a consortium main/central office: \_\_\_\_yes \_\_\_\_no (if yes, see back of sheet)

Is this institution a member of a consortium: \_\_\_\_yes \_\_\_\_no. If yes, which consortium\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Membership: **CONSORTIUM (see back of sheet) INSTITUTION**

**ADDRESS INFORMATION:**

Primary Contact Name: Title:

Mailing address (bldg/room number):

Street address:

City: State/Province: Country:\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip/Postal Code:

Phone: Fax: Email:

**EX LIBRIS PRODUCTS LICENSED (Check √ all available):**

ALEPH \_\_\_ Alma \_\_\_ bX \_\_\_ DigiTool \_\_\_ Metalib \_\_\_\_ Primo \_\_\_\_Primo Central\_\_\_\_ Rosetta\_\_\_ SFX\_\_\_\_\_ Verde\_\_\_\_ Voyager\_\_\_\_

Summon\_\_\_\_\_360 Link\_\_\_\_\_Intota\_\_\_\_\_ Other\_\_\_

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**PAYMENT/MEMBERSHIP INFORMATION:**

Fees for 2017 membership are $200.00 (US) for an individual institution or $300.00 (US) for consortia with 2-5 members; $350 (US) 6-25 members, $400 (US) 26-50 members or $500.00 (US) 51+ members . You may pay by credit card, check, or wire transfer.

Credit card: (check type) VISA MASTERCARD

Credit card no.: [\_.\_.\_.\_.\_.\_.\_.\_.\_.\_.\_.\_.\_.\_.\_.\_ ] Expiration date: [ \_.\_ / \_.\_ ]

Billing address:

Authorizing signature:

Please print name: Email:

Check enclosed. Make checks payable to: **Ex Libris Users of North America**

\_\_\_\_\_\_\_ Wire Transfer. Date of transfer\_\_\_\_\_\_\_\_\_\_\_\_\_CCD ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send the membership application/renewal form with check or credit card information to:

**Ex Libris Users of North America**

**c/o Sue Julich  
University of Iowa Libraries**

**5023 Main Library**

**Iowa City, IA 52242**

**Fax: (319) 335-5900**

If Consortia membership, please provide the following information about member libraries. Attach an additional sheet of paper if necessary.

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| **MEMBER LIBRARY NAME** | **CITY** | **STATE** |
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