Ex Libris Users of North America (ELUNA)
2019 Membership Application/Membership Renewal Form

Please provide us with the following information: **NEW MEMBER**____**RENEWAL**____**INSTITUTION** ____**CONSORTIUM**_____

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_____

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 ___ campusM____ DigiTool ___ Esploro_____Intota_____ Leganto____ Metalib ____ Primo ____Primo Central____
Rosetta___ SFX_____ Verde____ Voyager____Summon_____360 Link_____ 360 Search ____Other___

PAYMENT/MEMBERSHIP INFORMATION:

Fees for 2019 membership are $235.00 (US) for an individual institution or $355.00 (US) for consortia with 2-5 members; $410.00 (US) 6-25 members, $465.00 (US) 26-50 members or $585.00 (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**

_____ Bank 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
5041 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.

MEMBER LIBRARY NAME	CITY	STATE