

Ex Libris Users of North America (ELUNA) Membership Application 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 ____ CDI ____ DigiTool ____ Esploro ____ Intota ____ Leganto ____ Metalib ____ Primo ____ Primo Central ____
RapidILL ____ Rosetta ____ SFX ____ Verde ____ Voyager ____ Summon ____ 360 Link ____ 360 Search ____ Other ____

PAYMENT/MEMBERSHIP INFORMATION:

When your information is entered into our member management system, the Primary Contact listed above will receive an invoice which can be paid online, by check, or by bank transfer.

Send the membership application information to: e-jones@uiowa.edu.

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

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