

**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.

