



Membership Application Form

I, the undersigned, on behalf of the organisation indicated below, apply to join the DLM Forum.

1.

Organisation / Institution			
Salutation (Please indicate)		Mr / Mrs / Miss / Ms / Dr / Other please specify	
Last Name		First Name	
Position		Email	
Address			
Town		Region	
Country		Zip Code	
Telephone		Fax	

If the person above is not to be the company's nominated assigned delegate to the DLM Forum, please provide additional details for the correct person. Please only complete details if different to those submitted above.

2.

Salutation (Please indicate)		Mr / Mrs / Miss / Ms / Dr / Other please specify	
Last Name		First Name	
Position		Email	
Address			
Town		Region	
Country		Zip Code	
Telephone		Fax	

Please indicate the type of membership you wish to apply for:

Type of Organisation	DLM Votes	Price *	
Large or National Archives	5	€ 962.5	
Other Archives	2	€ 385	
Other Bodies	2	€ 385	
Large Enterprises (Greater than 100 Members)	5	€ 962.5	
Medium Enterprises (Members between 50-100)	4	€ 770	
Small Enterprises (Members between 10-49)	3	€ 577.5	
Micro Enterprises (Members between 5-9)	2	€ 385	
Other Enterprises (Members between 0-4)	1	€ 192.5	
Individual Members	1	€ 192.5	
Honorary Members	0	€ 0	

*Annual subscription from 2023



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Payment Details

Please do not send any monies when applying for membership of the DLM Forum, applicants will be invoiced for the relevant amount once a membership application has been approved in accordance with the articles of association of the DLM Forum.

For invoicing purposes, please indicate which person the invoice should be addressed to, either 1 or 2 above, if another person please complete below.

All invoices will be issued quoting an invoicing reference or purchase order number, please ensure that this is completed to assist with the prompt payment of the membership subscription.

Organisation / Institution			
Salutation (Please indicate)		Mr / Mrs / Miss / Ms / Dr. / Other please specify	
Last Name		First Name	
Function		Email	
Address			
Town		Region	
Country		Zip Code	
Telephone		Fax	
Invoice Reference / Purchase Order Number			

Payment of the invoice in full will be required within 30 days of date of invoice.

Authorisation

Signature: _____ Date: _____

Print Name: _____

Position: _____

Please complete the above forms, indicate your choice of membership, sign and return the form to secretariat@dlmforum.eu

For any queries please contact us on +372 7387 511