Ex Libris Users of North America (ELUNA) 2012 Membership Application/Membership Renewal Form

Please provide us with the fe	ollowing information:	NEW MEMBER	RENEWAL		
Institution Name::					
Is this institution a consortiu	m main/central office:	yesno (if yes	s, see back of sheet)		
Is this institution a member of	of a consortium:y	esno. If yes, wh	ich consortium		
Type of Membership: CC	NSORTIUM (see bac	k of sheet)	INSTITUTION		
ADDRESS INFORMATION Primary Contact Name:		Tit	le:		
Mailing address (bldg/room	number):				
Street address:					
City:	State/Province:	Country:	Zip/Postal Cod	le:	
Phone:	Fax:	Email:			
EX LIBRIS PRODUCTS LIC	CENSED (Check √ all	available):			
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PAYMENT/MEMBERSHIP	INFORMATION:				
Fees for 2012 membership a \$350 (US) 15-30 members,					
Credit card: (check	type)	_VISA	MASTERCARD		
Credit card no.: [] Expiration	n date: [/]		
Billing address:					
Authorizing signature:					
Please print name:	ease print name: Email:				
Check enclosed. I	Make checks payable t	o: Ex Libris Users of N	lorth America		
Wire Transfer. Da	te of transfer	CCD ID#			
Condition manufacture in condi-		the about or arodit sand in	oformation to		

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

Ex Libris Users of North America c/o University of Iowa Libraries, LIT University of Iowa LIT Main Library Iowa City, IA 52242 Fax: (319) 384-0780 If Consortial membership, please provide the following information about member libraries. Attach an additional sheet of paper if necessary.

MEMBER LIBRARY NAME	CITY	STATE