

Alliance for the Data Documentation Initiative (DDI)

University of Michigan, ICPSR

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MEMBERSHIP AFFILIATION REQUEST FORM

THE REGENTS OF THE UNIVERSITY OF MICHIGAN (hereinafter called the UNIVERSITY) have established a Program for the Data Documentation Initiative (DDI) Alliance (hereinafter called the PROGRAM).

_____ (hereinafter called MEMBER) agrees to participate in the PROGRAM as follows:

1. MEMBER agrees to provide annual support to the PROGRAM in the amount set by the Alliance Steering Committee. In the year 2008-2009, the amount will be \$2,500 in U.S. dollars. The payment is due within ninety (90) days from the date of this document.
2. MEMBER agrees to participate in good faith in the PROGRAM for a minimum of one (1) year beginning July 1, 2008.
3. MEMBER will advise the UNIVERSITY in writing of the individual assigned as its designated representative to the PROGRAM.
4. MEMBER agrees to bear all costs it incurs in participation in the PROGRAM.
5. Reports on activities will be prepared by the UNIVERSITY at appropriate intervals and sent to MEMBER.
6. MEMBER understands that funds provided to the UNIVERSITY for the PROGRAM will be added to funds from other members and therefore no individual financial reports will be given to the MEMBER concerning the disposition of the funds provided by it.
7. Neither MEMBER nor the UNIVERSITY will use the names or trademarks of the other in any publicity or advertising without the express written permission of the party to be named.
8. This Agreement may be renewed from year to year until revoked by either party. In future years membership payment will be invoiced and payment is expected within 30 days of receipt of the invoice.
9. The UNIVERSITY may terminate this Agreement at any time upon sixty (60) days written notice to MEMBER. Financial obligations to the UNIVERSITY will be settled on a pro-rated basis with any excess prepayment returned to MEMBER.

**Alliance for the Data Documentation Initiative (DDI)
University of Michigan, ICPSR**

AFFILIATION REQUEST FORM (page 2)

Institution: _____ **Date:** _____
Complete Address: _____

DDI Alliance Contact Person:

Name: _____
Dept.: _____ Address _____

Phone: _____ Fax: _____
E-mail address _____

Representative to the Expert Committee of the DDI Alliance:

Name: _____
Dept.: _____ Address _____

Phone: _____ Fax: _____
E-mail _____

Effective Date of Membership: July 1, 2008 (with the understanding that payment will be received within 30 days of the effective date of membership)

Invoice Recipient:

Name: _____
Dept.: _____ Address _____

Phone: _____ Fax: _____
E-mail address _____

It is understood that the Official signing this "Membership Affiliation Request" has read the various membership stipulations as outlined in the DDI Alliance Bylaws (see <http://www.ddialliance.org/DDI/org/member-form.pdf>)

Signature -- For Alliance Secretariat

**Signature -- Vice President, Dean, or
Other Official Authorized to Sign
for Institution Joining**

Name & Title, Alliance Secretariat

Name & Title (For Above) (printed)