

Data Documentation Initiative (DDI) Alliance

University of Michigan
PO Box 1248
Ann Arbor, MI 48106-1248
734/615-9528 (Phone) 734/647-8700 (Fax)
E-mail: secretariat@ddialliance.org
Web site: <http://www.ddialliance.org>

Membership Request Form

1. MEMBER agrees to participate in the DDI Alliance, a PROGRAM of the UNIVERSITY OF MICHIGAN to establish an international metadata standard for documenting social, behavioral, and economic data. MEMBER agrees to provide annual support to the PROGRAM in the amount set by the Alliance Steering Committee. 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, 2012. 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.
3. MEMBER agrees to bear all costs it incurs in participation in the PROGRAM.
4. Reports on activities will be prepared by the Alliance at appropriate intervals and posted to the DDI Alliance Web site, <http://www.ddialliance.org>.
5. 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.
6. 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.
7. Either party may terminate this Agreement at any time upon sixty (60) days written notice. Financial obligations to the UNIVERSITY will be settled on a pro-rated basis with any excess prepayment returned to MEMBER.

**Data Documentation Initiative (DDI) Alliance
Membership Form (page 2)**

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

DDI Alliance Contact Person:

Name: _____
Dept.: _____ Address _____

Phone: _____ Fax: _____
E-mail: _____

Representative to the Expert Committee of the DDI Alliance:

Name: _____
Dept.: _____ Address _____

Phone: _____ Fax: _____
E-mail: _____

Invoice Recipient:

Name: _____
Dept.: _____ Address _____

Phone: _____ Fax: _____
E-mail: _____

Effective Date of Membership: July 1, 2012 (with the understanding that payment will be received within 30 days of the effective date of membership)

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

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

Name and Title (printed)