



## 2019 Application for Library Standards Alliance (LSA) Membership

### Membership Eligibility

NISO's Library Standards Alliance (LSA) welcomes academic, public, special, and government libraries, and library associations worldwide that have an active interest in collaborating on information standards:

NISO fosters the development and maintenance of standards that facilitate the creation, persistent management, and effective interchange of information so that it can be trusted for use in research and learning. NISO brings together libraries, system providers, publishers, information aggregators, and other organizations that support learning, research, and scholarship through the creation, organization, management, and curation of knowledge. NISO engages with intersecting communities of interest and across the entire lifecycle of an information standard.

LSA Membership is valid upon submission of this application form—including appointment of a primary representative, webinar contact, and billing contact—and payment of the current year's membership dues. Applications should be submitted to:

National Information Standards Organization (NISO)  
3600 Clipper Mill Road, Suite 302  
Baltimore, MD 21211-1948  
Phone: +1.301.654.2512 Fax: +1.410.685.5278  
E-mail: [nisohq@niso.org](mailto:nisohq@niso.org)

Any questions about membership may be submitted to Kimberly Graham at [kgraham@niso.org](mailto:kgraham@niso.org) or +1.301.654.2512.

### Membership Dues

The NISO membership year is January-December. New memberships that begin after Friday, June 29, 2018 will be pro-rated for the remaining term of the calendar year. Renewal membership dues are assessed annually in October for the following calendar year. Payment is due on January 1<sup>st</sup> of each year.

- Level 1: \$1,195 – Applies to libraries within doctoral/research universities, national libraries, and large government, public, or state libraries.
- Level 2: \$715 – Applies to all other libraries.



Date of application: \_\_\_\_\_

\_\_\_\_\_ applies for Library Standards Alliance (LSA) Membership in the National Information Standards Organization (NISO).

- Level 1 (\$1,195/year)       Level 2 (\$715/year)

Year(s) we are joining for:

- |   | <u>Amount</u> |
|---|---------------|
| <input type="checkbox"/> 2019 Full Year (required for joins in Q1 and Q2)   | _____         |
| <input type="checkbox"/> 2019 Partial Year: Level 1 \$100 x # of 2019 months /<br>Level 2 \$60 x # of 2019 months   | _____         |
| <input type="checkbox"/> 2019 Partial Year (after Q2) plus 2020 full year (at 2019 rate) Level 1 \$100 x # of 2019 months + \$1,195 for 2020 / Level 2 \$60 x # of 2019 months + \$715 for 2019 | _____         |

The PRINCIPAL location of our organization is:

\_\_\_\_\_

STREET ADDRESS

\_\_\_\_\_

CITY STATE / PROVINCE

\_\_\_\_\_

ZIP / POSTAL CODE COUNTRY

\_\_\_\_\_

PHONE NUMBER FAX WEBSITE URL

Our PRIMARY representative is: (This person is the main decision maker on all issues regarding NISO membership.)

\_\_\_\_\_

LAST NAME FIRST NAME MIDDLE (optional)

\_\_\_\_\_

JOB TITLE

\_\_\_\_\_

STREET ADDRESS

\_\_\_\_\_

CITY STATE / PROVINCE ZIP/POSTAL CODE COUNTRY

\_\_\_\_\_

PHONE NUMBER E-MAIL FAX



Our WEBINAR contact person is:

(This is the person who will receive the log-in information for NISO webinars on the Friday before the event and will receive access information for the recorded version following the event.)

LAST NAME		FIRST NAME	MIDDLE (optional)
JOB TITLE			
STREET ADDRESS			
CITY	STATE / PROVINCE	ZIP/POSTAL CODE	COUNTRY
PHONE NUMBER	E-MAIL	FAX	

Our BILLING contact person is:

(This is the person who will receive the invoice from NISO and will be contacted about any payment issues.)

LAST NAME		FIRST NAME	MIDDLE (optional)
JOB TITLE			
STREET ADDRESS			
CITY	STATE / PROVINCE	ZIP/POSTAL CODE	COUNTRY
PHONE NUMBER	E-MAIL	FAX	

You may identify as many additional representatives as you wish. Primary and webinar contacts will receive NISO *Newsline* and other communications, allowing them to be directly informed of NISO-related activities. Please attach additional sheets as needed, including on them the same information as provided for the primary representative.



## Payment Information

Payments can be made by completing the information below. Once payment is received and processed a receipt will be e-mailed, if indicated.

- |                          |       |                          |                  |
|--------------------------|-------|--------------------------|------------------|
| <input type="checkbox"/> | CHECK | <input type="checkbox"/> | MASTERCARD       |
| <input type="checkbox"/> | VISA  | <input type="checkbox"/> | AMERICAN EXPRESS |

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CARDHOLDER NAME

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COMPANY NAME

---

CARDHOLDER ADDRESS

CITY

STATE ZIP CODE

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CARD NUMBER

EXP.

CODE

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CARDHOLDER SIGNATURE (AUTHORIZE PAYMENT)

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E-MAIL (TO RECEIVE RECEIPT)