

APPLICATION FOR REGIONAL MEMBER

REGIONAL MEMBER DESCRIPTION

A *Regional Member* is a public entity, a not-for-profit organization, a governmental agency, a quasi-governmental agency or a supra-governmental agency. *Regional Members* provide an important link between the Dublin Core Metadata Initiative as a worldwide activity and the local and regional activities of practitioners. They promote the adoption of Dublin Core specifications and best practices, thereby increasing the global network value for all. They help assure the availability of authoritative documentation and maintain translations of base DCMI specifications and documentation as appropriate for the locale.

Regional Members: (1) help focus a local concentration of expertise to promote deployment and development of DCMI metadata and architectures within the context of a given locale and language environment; and (2) advance the development of a healthy metadata ecology by supporting metadata best practices. As local custodians of the DCMI brand, *Regional Members* are a critical link in promoting DCMI specifications through education and training offerings, as well as bringing local concerns to the attention of the larger metadata community, thereby improving the international coherence of the overall architecture and semantic content of the metadata ecology.

Regional Members play a key role in DCMI governance through the active participation of their respective Representatives in the deliberations and decisions of the *DCMI Governing Board*. For general information on rights and obligations, review <http://dublincore.org/support/>.

NOTES:

- *If you are a for-profit organization, please use the application form for the Supporting Member program.*
- *If you are a non-profit organization but do not seek the right to exercise "exclusive coverage" of DCMI-endorsed activities and outcomes within your locale of influence, please consider becoming an Institutional Member.*

VOTING MEMBERSHIP

Regional Members are *DCMI Voting Members*. As *Voting Members*, *Regional Members* appoint a Representative to the *Governing Board* to act on the Member's behalf in all governance matters brought before the *Governing Board* including the election of the representative officers of the *Board* who provide oversight for both the daily operations of DCMI and the work of the managing *Directorate*.

In addition to participation in regularly scheduled and noticed *Governing Board* quarterly conference calls, the *Regional Member* Representative is expected to participate, either in person or electronically, in the *Board's* meeting at DCMI's annual conference. *Regional Member*

Representative registration is included in annual membership dues. If the appointed Representative cannot attend either quarterly conference calls or the annual meeting, he or she shall arrange for the **Member's** Alternative Representative to attend and to participate. The **Regional Member** covers travel expenses for its Representative to the annual meeting.

MEMBERSHIP DUES

The annual membership fee for Regional Members is US\$10,000. The *Governing Board* annually reviews the dues structure for all membership categories and makes adjustments according to then prevailing circumstances. Any resulting changes become effective the following membership year.

The DCMI membership year is 1 July through 30 June. The membership term for **Regional Members** is two (2) years given: (1) the substantial commitment of both DCMI to the **Member's** role as representative of DCMI in the locale of influence; and (2) the necessary programmatic development by the **Member** within the locale of influence.

Regional Member dues are assessed annually. Memberships that start their initial two-year term after 31 July will be pro-rated for the remaining dues of the first year for a sum equaling US\$834 per remaining month. Renewal reminder notices are sent to the **Regional Member's** Representative in mid-May for the following membership year. Payment is due no later than 1 July by check or bank transfer.

MEMBERSHIP APPLICATION REVIEW PROCESS

Given the special role **Regional Members** play in representing DCMI in their locales of interest and the exclusive authority granted the **Regional Member** by DCMI, the application for membership must be reviewed and accepted by the Directorate and the representative officers of the *Governing Board*. While no single criterion is determinative in accepting an application for membership as a **Regional Member**, the *Governing Board* will consider the following criteria:

The candidate **Regional Member** is:

1. Committed to the active development of new **Institutional Members, Supporting Members** and **Individual Members** within its locale of influence;
2. Committed to active engagement in the development, organization and delivery of metadata best practice education and training within its locale of influence;
3. *Where applicable*, committed to promoting and managing standardization processes for DCMI specifications within its locale of influence; and
4. *Where applicable*, committed to promoting and managing translation processes for DCMI specifications and best practice documentation within its locale of influence.

APPLICATION FORM

ORGANIZATIONAL INFORMATION

ORGANIZATION NAME: _____

AUTHORIZING OFFICER: _____

PRINCIPAL LOCATION/CONTACT ADDRESS OF ORGANIZATION

STREET ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____

ZIP/POSTAL CODE: _____ COUNTRY: _____

PHONE NUMBER: _____ FAX: _____

EMAIL ADDRESS: _____

WEBSITE URL: _____

OFFICIAL REPRESENTATIVE

LAST NAME: _____ FIRST NAME: _____

POSITION TITLE: _____

STREET ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____

ZIP/POSTAL CODE: _____ COUNTRY: _____

PHONE NUMBER: _____ FAX: _____

EMAIL ADDRESS: _____

WEBSITE URL: _____

ALTERNATIVE REPRESENTATIVE

LAST NAME: _____ FIRST NAME: _____

POSITION TITLE: _____

STREET ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____

ZIP/POSTAL CODE: _____ COUNTRY: _____

PHONE NUMBER: _____ FAX: _____

EMAIL ADDRESS: _____

WEBSITE URL: _____

STATEMENT OF INTENT AS A REGIONAL MEMBER

Please describe: (1) how your organization meets the evaluation criteria for **Regional Member** stated above; and (2) your organization's tentative plans for relevant representation activities in the locale of interest in the first 2-year term of membership:

—PLEASE CONTINUE DESCRIPTION ON A SEPARATE PAGE—

SUBMITTING THE APPLICATION

To submit your application for **Regional Member** membership:

1. Complete the Application Form and scan as a PDF;
2. Email the completed Application Form PDF to sasutton@dublincore.net.

Upon approval of the application, the applicant will be notified on the process for making payment and related details of the **Regional Member's** branding and identification within DCMI.