



To the Board of COAR

Name of Institution: (‘the Applicant’)	
URL:	
Address:	
Contact Person acting as Authorised Representative:	
Contact Email:	
Telephone and Fax Number:	

applies to become

- a single Full Member
 a Full Member within a Group, coordinated by _____
 an Special Member
 a Partner

of the Confederation of Open Access Repositories (COAR) with effect upon payment of the membership fee if applicable. If you consider to form a larger Group consortium (with more than 10 members) please contact the COAR Office.

The Applicant authorises the contact person as named above, to represent its institution and to exercise all rights and duties arising from the membership in COAR. The representative has the right to issue sub-authorisation. Sub-authorisation does not cover termination of membership.

The Applicant acknowledges

- that COAR is a not-for-profit association under German law (currently in the process of registering);
- that COAR’s aims and its governance are defined in its Articles of Association which are to be found on COAR’s website at www.coar-repositories.org;
- that Full Members are obliged to pay a membership fee according to the “Membership Fee Regulations” as agreed by the General Assembly in March 2010 (available at COAR’s website);
- that Special Members are expected to pay a reduced membership fee;
- that Full and Special members and Partners of COAR have the right to participate and speak at General Assembly Meetings of the Consortium in accordance with the Articles of the Association;
- that single Full members are entitled to both active and passive voting rights;
- that all members of a Group have passive voting rights and a Group, independent of its size, has one active vote;
- that Special members are entitled to passive voting rights, and Special members from less developed countries can apply for full voting rights;
- that Full members are eligible to offer a candidate for election to the Executive Board in accordance with the Membership Rules.

By and on behalf of

[Applicant institution]: _____
 Signature of Authorised Legal Representative: _____

Signatory Name in Print: _____

Place/Date: _____

Please return by fax or e-mail to:

Dr. Birgit Schmidt, Göttingen State and University Library, COAR; Platz der Göttinger Sieben 1, 37073 Göttingen, Germany;
 Tel.: (+ 49) 551 - 39 5228; Fax: (+ 49) 551 - 39 5222
 Email: coar-office@sub.uni-goettingen.de