**DDI Alliance Member Organization Representatives Form**

University of Michigan
PO Box 1248, Ann Arbor, MI 48106-1248
+1 734-647-2200 (Phone)
E-mail: ddisecretariat@umich.edu

**Institution** Date

Complete Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Invoice Recipient:**

Name

Dept. Address\_ \_

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Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The Member Organization should provide a Member Representative, Scientific Representative, and Technical Contact to support communication between the Member Organization and the Alliance. A single individual could fulfill multiple roles. These individuals should attend the appropriate meetings of the Alliance. The Member Organization should also specify the Designated Member Representative who will exercise its voting rights.*

**Member Representative to the DDI Alliance:**

*An individual representing the Member Organization regarding administrative matters.*

Name\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Scientific Representative to the DDI Alliance:**

*An individual representing the Member Organization to act as contact regarding scientific matters.*

Name\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Technical Contact to the DDI Alliance:**

*An individual representing the Member Organization regarding technical matters.*

Name\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Designated Member Representative to the DDI Alliance:**

*An individual designated by the Member Organization to exercise its voting rights.*

Name\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_