



NDSA Membership Updates Form

Thank you for taking the time to update your NDSA membership contacts. Please complete the following form to 1) Indicate your membership status, 2) Add new names to the contact list, and 3) Remove names from the contact list. If you have questions about who your current contacts are please email us at ndsas.digipres@gmail.com.

Note: Emails from contacts that bounce back more than once from organizations that have multiple contacts will be automatically removed from the membership contact list.

* Required

1. Organization Name * _____

2. Your Name and email (if we have any follow up questions about these changes) *

NDSA Membership Status

Please let us know if your organization is interested in continuing to be an NDSA member. If not, all contacts from your organization will be removed from our contact list.

3. NDSA Membership Status

Please confirm your membership status.

Mark only one oval.

Our organization re-affirms its commitment to NDSA values and participation and wishes to update our contact information.

Our organization is no longer able to commit to NDSA values or participation and wishes to withdraw our membership, removing all our contact information. ***Skip to question 11***

Update Contacts

Please use the space below to update your NDSA Contacts.

Update Your NDSA Program Representative

Your Program Representative is the main contact for your organization's participation in the NDSA. Responsibilities may be shared among colleagues (for example, to serve as interest group representatives or respond to NDSA surveys), but this person functions as our main, working contact with your organization.

4. Name and Title (NDSA Program Representative) _____

5. Email and Phone (phone optional) (NDSA Program Representative)

Update your Authorized Signatory

This person is empowered to agree to membership on behalf of your organization, and is in a position to commit time of the organization's employees for participation in NDSA interest groups. This person will be copied on application communications.

6. Name and Title (Authorized Signatory) _____

7. Email and Phone (phone optional) (Authorized Signatory)

Add Another Contact

Please add the contact information for anyone else that you would like to be a contact for your organization.

8. Name and Title (Another Contact) _____

9. Email and Phone (phone optional) (Another Contact) _____

Remove Contacts

Please list the name/s of the people who should be removed from the contact list. If there are multiple people to remove, enter multiple names in the same line below.

10. Name/s of People to Remove

**Additional
Information**

If you would like to discuss your membership or if you have any questions/comments please let us know in the Comment field below and someone on the Leadership team will reach out to you.

11. Comments
