LIBRARY PARTICIPANT COMMITMENT FORM

On behalf of the Institution named below, I hereby confirm that I am the Institution’s authorized representative, and have read and agree to fulfill the relevant member contributions outlined in the South Asia Open Archives Five-Year Plan (FY21-25) for the next five year term.

Moreover, said Institution will contribute in the manner described below to the South Asia Open Archives in a timely fashion. Payments and contributions can be spread over multiple years.

Minimum of ____________________________ contributed at one time or over five years

I hereby CONFIRM our Institution's agreement to participate in and abide by these terms and conditions.

____________________________________  ______________________________
Library Participant Representative Name  Signature

____________________________________  ______________________________
Institution Name  Date

Please return completed form to:

Neel Agrawal
Center for Research Libraries
6050 South Kenwood Avenue
Chicago, IL 60637
nagrawal@crl.edu