



PARTICIPANT COMMITMENT FORM

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

In accordance with the terms outlined below, said Institution will provide the South Asia Open Archives with the specified contribution (in cash or in kind) in a timely fashion and will receive the full benefits of membership in the South Asia Open Archives (as outlined in the Five-Year Plan) in exchange for this contribution. Payments and contributions can be spread over multiple years.

Monetary or In-Kind Contribution _____ # of volumes
_____ staff time (hours, % FTE)
_____ amount in cash

We prefer to make our contribution _____ at one time
_____ over multiple 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

Elizabeth Lhost, South Asia Digital Librarian
Center for Research Libraries | 6050 South Kenwood Avenue | Chicago, IL USA 60637

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