**New Digital Research Infrastructure Organization (NDRIO) Eligibility Checklist**

Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please confirm whether you meet the eligibility requirements for Voting Members of NDRIO:

|  |  |
| --- | --- |
| **Criteria** | **Yes / No** |
| Post-secondary publicly funded degree- or diploma-granting institution |  |
| Research hospital or affiliated institute that meets the institutional requirements of the Canada Institutes of Health Research (CIHR) |  |
| Tri-Council eligibility for grants; signatory to Agreement on the Administration of Agency Grants and Awards by Research Institutions  |  |

**Voting or Non-Voting Membership Selection**

|  |  |
| --- | --- |
| **Membership Category** |  **X** |
| Voting (Primary) Member  |  |
| Non-Voting (Associate) Member |  |

**A. Voting Members**

**NDRIO Voting Member Application Form**

|  |
| --- |
| Name of Institution: |
| Primary Representative Name:  |
| Title:  |
| Email Address:  |
| Mailing Address:  |
| Main Phone Number:  |
| Secondary Representative Name:  |
| Title:  |
| Email Address:  |
| Mailing Address:  |
| Main Phone Number:  |

**Voting Membership Fee Level**

Please check your institution’s research income range, based on the level of
self-declared and verifiable research income received by the institution from the Tri-Council in the last fiscal year (i.e. 2018-2019). If you are a member of Compute Canada, note that for 2020-21, you can deduct the amount of your Compute Canada membership fee from the fee paid to NDRIO, given that it is a transition year.

|  |  |  |
| --- | --- | --- |
| X | Research Income Range  | Fee |
|  | More than $20M | $15,000 |
|  | $10M to $20M | $13,000 |
|  | $5M to <$10M | $11,000 |
|  | $2M to <$5M | $8,000 |
|  | Less than $2M | $5,000 |
|  | Minus Compute Canada fee for 2020-21  |  |
|  | Total |  |

**B. Non-Voting Associate Members**

**NDRIO Associate Member Application Form**

|  |
| --- |
| Name of Institution: |
| Primary Representative Name:  |
| Title:  |
| Email Address:  |
| Mailing Address:  |
| Main Phone Number:  |
| Secondary Representative Name:  |
| Title:  |
| Email Address:  |
| Mailing Address:  |
| Main Phone Number:  |

**Associate Membership Fee Level**

Please note that all eligible institutions that elect to be Non-Voting Associate Members pay an annual membership fee ($500 for the first membership year). Associate Membership must be approved by the NDRIO Board of Directors.

**Deadlines**

Please email your completed application form, signed by an authorized signatory, **by Friday, January 24, 2020**, to NDRIO-NOIRN@engagedri.ca**,** with the subject line: **[Your Institution’s Name] Member Application**.

It is important that we receive this information by this deadline, as we need to determine membership for the upcoming February 2020 general Members’ meeting, where Voting Members will be eligible to vote for the first Board of Directors.

For the upcoming fiscal year, your institution will be invoiced prior to April 1, 2020, with payment due by May 29, 2020. Please note that all confirmed and paid Members will be entitled to participate in the Fall 2020 annual general meeting.

If you have questions, please send them to NDRIO-NOIRN@engagedri.ca.

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Signature Date

Title of authorized signatory