



Canadian Research  
Knowledge Network  
Réseau canadien  
de documentation  
pour la recherche



ORCID Canada

**ORCID-CA Consortium**  
**May 1, 2025 – April 30, 2026**  
**PARTICIPATION AND FINANCIAL COMMITMENT AGREEMENT**

I have reviewed the financial commitment and terms and conditions required to participate in the *ORCID-CA Consortium* for the period of May 1, 2025 – April 30, 2026.

I understand that pricing is composed of two elements: the *ORCID License fee* and the *ORCID-CA Member Support fee*, and that the *ORCID License fee* is set by ORCID in USD. The *ORCID License fee* tiers as of 2025-2026 will be:

1. Small Tier	Total Annual Budget Below \$10M USD	\$1,960 USD
2. Standard Tier	Total Annual Budget Between \$10M and 1B USD	\$3,925 USD
3. Large Tier	Total Annual Budget Above \$1B USD	\$5,305 USD

I understand that **[organization name]** is in the **[tier]** (**[\$fee] USD per year**), and that the *ORCID-CA Member Support fee* (approximately \$3,500 CAD per member based on total members) is covered by funding from the Digital Research Alliance of Canada (the Alliance) for the period of May 1, 2023-April 30, 2026. I understand that coverage of the ORCID-CA Member Support fee is contingent on continued Alliance funding in 2025-26 and beyond.

I understand that the annual *ORCID License fee* will increase by a maximum of 3% annually based on this new model. Should ORCID raise fees by more than 3%, members will receive advance notice.

I recognize that CRKN cannot predict or guarantee the market foreign exchange rates in effect at the date of invoice or settlement but works to obtain competitive rates at any given point in time.

**I hereby CONFIRM the following:**

- I am a duly authorized representative of my organization;
- That my organization commits to participate in the *ORCID-CA Consortium* for the period of May 1, 2025 – April 30, 2026, and will provide payment to CRKN as indicated above and according to the terms of the CRKN invoice; and,
- That my organization will be billed in Canadian funds

**PLEASE PRINT CLEARLY**

\_\_\_\_\_  
Authorized Representative Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Date

**Additional information required for new ORCID-CA members who are not CRKN members (Invoices for existing CRKN and ORCID-CA members will be sent to address and contact on file):**

\_\_\_\_\_  
Billing address

\_\_\_\_\_  
Billing contact person

\_\_\_\_\_  
Billing contact email address

\_\_\_\_\_  
Billing contact phone number

\_\_\_\_\_  
Main contact person

\_\_\_\_\_  
Main contact email address

\_\_\_\_\_  
Main contact phone number

**CRKN uses an automated system to process Financial Commitment forms. As such, we ask that members please follow these guidelines:**

- Return your form to [orcid@crkn.ca](mailto:orcid@crkn.ca) as a PDF attachment
- Return only *one* form per e-mail message to [orcid@crkn.ca](mailto:orcid@crkn.ca)

**Upon successful processing, you will receive an automated email confirmation. Thank you very much.**