



MEMBERSHIP FORM

Please complete and submit two copies of this application to the FiRa Consortium, together with the appropriate membership fee (as calculated below) or a request for invoice, if required by your organization. Membership rights and privileges will not commence until a completed application has been accepted by the FiRa Consortium and payment in full of membership fees has been received by the FiRa Consortium.

Applicant Name : _____

Applicant Address : _____

Business Contact : _____

Phone # : _____ Fax # : _____ E-Mail : _____

All legal and financial notices from the FiRa Consortium to the member will be sent to this e-mail address unless the member directs otherwise.

Technical Contact : _____

Phone # : _____ Fax # : _____ E-Mail : _____

All legal and financial notices from the FiRa Consortium to the member will be sent to this e-mail address unless the member directs otherwise.

Please select the appropriate Membership class. In calculating the appropriate fee when applying as an Adopter Member, please see the attached fee schedule and refer to gross annual revenue in your most recently completed fiscal year:

Class	Annual Membership Dues for Current Year
Sponsor Member	\$80,000
Contributor Member	\$50,000
Associate Member	\$30,000
Adopter Member	Annual Revenue (previous year): \$ _____ Annual Membership Dues: \$ _____
Test Lab Member	\$5,000
Educational & Academic Member	\$2,500 <i>(one-time fee when joining)</i>



MEMBERSHIP FORM (Cont.)

By signing below, the applicant acknowledges and agrees that, when signed and accepted by the FiRa Consortium, this application represents a binding contract between the parties and commits the applicant to (i) payment of annual Membership dues and fees as determined from time to time by the Board of Directors and (ii) comply with all the terms and conditions of the FiRa Consortium’s Certificate of Incorporation, Bylaws, Intellectual Property Rights Policy (the applicant hereby acknowledging receipt of copies of these documents) and such rules and policies as the Board of Directors and/or committees may from time to time adopt, including but not limited to participation requirements applicable to specific classes of Membership. The applicant certifies that it meets the conditions of Membership specified in the Bylaws and that if applying for Adopter Membership, it has accurately stated its revenues in calculating the fees payable with respect to such Membership. Additionally, applicant acknowledges that whenever it designates a contact or representative to the FiRa Consortium (whether in this application, for participation in a committee or working group, or otherwise), the FiRa Consortium will notify the individual of the designation and corresponding data privacy rights.

The FiRa Consortium may elect to avail itself of certain protections offered by the National Cooperative Research and Production Act of 1993, as amended, which requires disclosure of the names of all members of the FiRa Consortium. Accordingly, the undersigned hereby appoints such person who shall be the President or Chairperson or acting President or Chairperson of the FiRa Consortium as the undersigned’s true and lawful attorney-in-fact and authorizes him or her to (1) notify government agencies of the undersigned’s membership in the FiRa Consortium, (2) make, approve the form of, execute and deliver filings with government agencies on behalf of the FiRa Consortium and on behalf of the undersigned as a member of the FiRa Consortium indicating such membership, (3) receive notifications, including without limitation, notifications pursuant to the National Cooperative Research and Production Act on behalf of the FiRa Consortium and on behalf of the undersigned as a member of the FiRa Consortium, and (4) authorize and direct other officers of, and/or counsel to the FiRa Consortium, to do any of the foregoing acts. The FiRa Consortium will forward to the undersigned any notifications that it receives which are other than normal confirmations of filings and other administrative notices relating to all members.

Applicant Authorization : _____
(Print Applicant Name)

By : _____
(Signature)

Name : _____

Title : _____

Date : _____

Accepted: _____
FiRa Consortium, Inc.

By: : _____
(Signature)

Name : _____

Title : _____

Date : _____

NOTE: THIS APPLICATION WILL NOT BE ACCEPTED IN THE EVENT THAT THE APPLICANT HAS A STOCKHOLDER THAT OWNS, DIRECTLY OR INDIRECTLY, MORE THAN 50% OF THE VOTING RIGHTS IN THE APPLICANT (A "PARENT"), UNLESS THAT STOCKHOLDER COUNTERSIGNS (OR, IF SUCH STOCKHOLDER ALSO HAS A "PARENT", THEN THE ULTIMATE DIRECT OR INDIRECT "PARENT" OF THE APPLICANT MUST COUNTERSIGN) THIS APPLICATION IN THE SPACE PROVIDED BELOW.



MEMBERSHIP FORM (Cont.)

The undersigned hereby (i) acknowledges that it has read and understands the foregoing Agreement, (ii) certifies that it is the ultimate Parent of the Applicant, (iii) agrees, on its own behalf and on behalf of each of its direct and indirect subsidiaries, to be bound by all of the terms of all rules, policies and provisions of the Consortium relating to intellectual property rights as may from time to time be in force, as if the Applicant, the undersigned and each direct and indirect subsidiary of the undersigned were collectively a single Member of the Consortium, (iv) certifies that it is authorized by each of its direct and indirect subsidiaries to bind such affiliates and subsidiaries in accordance with clause (iii) of this paragraph, and (v) commits to cause each of its direct and indirect subsidiaries to act in compliance with the foregoing undertakings.

Ultimate Parent Name : _____

Company Address : _____

By : _____

Print Name : _____

Title : _____

Date : _____



Annual Membership Dues Schedule

Class	Annual Gross Revenue <i>(Last Year)</i>	Annual Membership Dues
Sponsor Member	N/A	\$80,000
Contributor Member	N/A	\$50,000
Associate Member	N/A	\$30,000
Adopter Member	\$50M or more Less than \$50M	\$15,000 \$5,000
Test Lab Member	N/A	\$5,000
Educational & Academic Member	N/A	\$2,500 <i>(one-time fee when joining)</i>