

UPnP ForumSM

Implementer Membership Application Form

To Become an Implementer Member:

1. Complete the UPnP Forum Membership Agreement, Implementer Membership Addendum and this Membership Application in full and fax them to: +1.503.644.6708
2. Mail:
 - the two (2) signed original Membership Agreements in their entirety (*if not already a Basic Member*),
 - the two (2) signed original Implementer Addenda in their entirety,
 - the original membership application and,
 - if paying by check, a check payable to UPnP Forum for annual membership dues (US \$5,000) to:

UPnP Forum
ATTN: Membership Processing
3855 SW 153rd Drive
Beaverton, OR 97006
USA

For questions regarding membership please contact us at:
Phone: +1.503.619.5223, Fax: +1.503.644.6708, Email: upnpadmin@forum.upnp.org

Organization Information

Name of Organization: _____

Mailing Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Post Code: _____

Website Address: _____

My company is a Basic Member of UPnP Forum: Yes _____ No _____

My company is an Affiliate* of a Basic Member of UPnP Forum: Yes _____ No _____

If yes, name of Basic Member for which you are an Affiliate: _____

* For definition of "Affiliate" refer to Section 1 of the Membership Agreement.

Contact Information

Primary Contact: (Person who can handle correspondence on behalf of the organization)

First Name: _____ Last Name: _____

Title: _____ Email: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Post Code: _____

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Alternate Contact: (Person who can be contacted when the primary contact is unavailable)

First Name: _____ Last Name: _____

Title: _____ Email: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State/Province: _____

Country: _____ Zip/Post Code: _____

Billing Contact: (Person in finance or accounting department who can be contacted regarding payment of membership renewal fees)

First Name: _____ Last Name: _____

Title: _____ Email: _____

Phone: _____ Fax: _____

Implementer Membership Fee: US \$5,000 annually

Payment Terms (please make checks payable to UPnP Forum)

- I am attaching a check for US \$5,000.
- I am providing a Purchase Order Number: _____. Please invoice me.
- I intend to wire transfer the amount due, and understand I should add US \$20 to the amount due for this purpose.

How did you hear about the Implementer level membership?

- UPnP Forum Member
- UPnP Forum press release
- UPnP Forum web site
- Article about UPnP technology
- Conference / trade show
- Other _____

Intent to Join UPnP Forum as Implementer Member

Subject to acceptance of this membership, my organization agrees to pay UPnP Forum membership dues for the first twelve months and to observe the terms and conditions of the UPnP Forum Bylaws, the UPnP Forum Membership Agreement and the Implementer Membership Addendum which includes certification mark and test license agreements. I understand that my organization will be recognized as an Implementer Member when UPnP Forum receives my Membership Dues and signed Membership Agreements.

Authorized Individual Name: _____ Title: _____

Signature: _____ Date: ____/____/____
(Month/day/year)