

**Information Card Foundation  
Membership Application (Organizational)**

Please complete and submit two copies of this application to the Information Card Foundation (“ICF”), 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 payment in full of membership fees have been received by the ICF.

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Business Contact: \_\_\_\_\_

Phone No: \_\_\_\_\_

Fax No.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

(all notices from the ICF to the member will be sent to this e-mail address unless the member directs otherwise)

Technical Contact: \_\_\_\_\_

Phone No: \_\_\_\_\_

Fax No.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please select the appropriate Membership level referring to the attached fee schedule. In calculating the appropriate fee, please refer to the number of employees in your most recently completed fiscal year:

Level	No. Employees	Annual Membership Dues for Current Year
_____ Steering Member	_____	_____
_____ Sponsor Member	_____	_____
_____ Basic Member	_____	_____
_____ Associate Member	_____	_____

By signing below, the applicant acknowledges and agrees that, when signed and accepted by the ICF, this application represents a binding contract between the parties and commits the applicant to (i) payment of applicable 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 ICF's Certificate of Incorporation and Bylaws (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. The applicant certifies that it meets the conditions of Membership specified in the Bylaws and that it has accurately stated the range for its number of employees in the last fiscal year in calculating the fees payable with respect to the Membership class which it has selected above.

The ICF 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 ICF. Accordingly, the undersigned hereby appoints such person who shall be the President or acting President of the ICF 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 ICF, (2) make, approve the form of, execute and deliver filings with government agencies on behalf of the ICF and on behalf of the undersigned as a member of the ICF indicating such membership, (3) receive notifications, including without limitation, notifications pursuant to the National Cooperative Research and Production Act on behalf of the ICF and on behalf of the undersigned as a member of the ICF, and (4) authorize and direct other officers of, and/or counsel to the ICF, to do any of the foregoing acts. The ICF 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:

Accepted:

\_\_\_\_\_  
(Print Applicant Name)

Information Card Foundation

By: \_\_\_\_\_  
(signature)

By: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## Annual Membership Dues

Membership Level	Annual Membership Dues (by Number of Employees as applicable)					
	Individual	2 - 25	26 - 100	101 - 1,000	1,001 - 10,000	10,001+
<b>Steering</b>	Waived	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
<b>Sponsor</b>	N/A	\$2,500	\$5,000	\$10,000	\$15,000	\$20,000
<b>Basic</b>	\$100	\$500	\$1,000	\$5,000	\$7,500	\$10,000
<b>Associate</b>	N/A	\$250	\$500	\$1,000	\$1,500	\$2,000
<b>Fellow</b>	\$100*	N/A	N/A	N/A	N/A	N/A

\*May be waived by Board of Directors.