

**OpenCAPI Consortium**  
**Membership Agreement**

On completion in full, please sign and email a scanned pdf (300dpi minimum) of this Agreement to [membership@opencapi.org](mailto:membership@opencapi.org); an invoice will be sent to you. A countersigned copy of this Agreement will be email returned to you for your records when your eligibility for membership has been confirmed. Membership rights and privileges will not commence until this Agreement has been signed by both the Member and the OpenCAPI Consortium.

**Firm Name:** \_\_\_\_\_

Address of Firm: \_\_\_\_\_

Member URL: \_\_\_\_\_

**Representative Name:** \_\_\_\_\_

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

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

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

*(All voting, legal & financial notices will be sent to this e-mail unless member directs otherwise.)*

**Accounts Payable Contact Name:** \_\_\_\_\_

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

Phone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_

*Please indicate acceptable method(s) for receiving invoices:*

PDF via email \_\_\_\_\_ Email address for invoices: \_\_\_\_\_

Hard copy \_\_\_\_\_ FedEx mailing address: \_\_\_\_\_

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

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

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

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

*(All technical notices will be sent to this e-mail address unless member directs otherwise.)*

**Marketing/Communications Contact:** \_\_\_\_\_

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

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

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

*(All marketing, communications, and events notices will be sent to this e-mail address unless member directs otherwise.)*

**Please check off your desired OpenCAPI Consortium Membership class.**

<u>Class</u>	<u>Annual Membership Dues</u>
<input type="checkbox"/> Strategic Member	US \$25,000
<input type="checkbox"/> Contributor Member	US \$15,000
<input type="checkbox"/> Observer Member	US \$ 5,000
<input type="checkbox"/> Academic/Non-profit Member	US \$ 0

By signing below, the Member acknowledges and agrees that, when signed and accepted by OpenCAPI Consortium, this agreement represents a binding contract between the parties and commits the member to (i) payment of annual Membership dues and fees as determined from time to time by the Board of Directors, and (ii) compliance with all the terms and conditions of OpenCAPI's Bylaws and IP Rights Policy, as may be amended from time to time.

OpenCAPI 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 OpenCAPI Consortium. Accordingly, the undersigned hereby authorizes such person who is the President or Chairperson (or the acting President or Chairperson of the OpenCAPI Consortium, or another officer or the OpenCAPI legal counsel, if designated by the President or Chairperson) to take the following specific actions, and no others, on its behalf: (1) notify government agencies of the undersigned's membership in OpenCAPI, (2) complete, execute and deliver filings to report changes in the OpenCAPI Consortium membership list with government agencies on behalf of OpenCAPI and on behalf of the undersigned as a member of OpenCAPI, and (3) receive notifications, including without limitation, notifications pursuant to the National Cooperative Research and Production Act on behalf of OpenCAPI and on behalf of the undersigned as a member of OpenCAPI. OpenCAPI 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.

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The parties below acknowledge they have the authority to bind their party into a formal legal agreement. They also agree to abide by the terms and conditions in this Agreement.

**SIGNATURES**

**Member:**

Name \_\_\_\_\_  
(Print Firm Name)

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

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

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

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

**OpenCAPI Consortium, Inc.:**

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

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

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

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