



Fax form to: 503.469.4771

Mail form to:

Digital Watermarking Alliance
c/o Oñ a æ 4650, a^!•[] }
9405 SW Gemini Drive
Beaverton, OR 97008-7192

For assistance: 503.469.4*, *
(M^ æ Warner)

Membership Application

Please complete and submit two copies of this application to the Digital Watermarking Alliance together with the appropriate membership fee (as calculated below) or a request for invoice if required by your organization. Full membership rights and privileges will not be available until membership fees have been received by the Digital Watermarking Alliance.

Business Name of Applicant: _____

Business Address of Applicant: _____

Primary Contact: _____ **Title:** _____

Phone No.: _____ Fax No.: _____

E-Mail: _____

Alternate Contact: _____ **Title:** _____

Phone No. _____ Fax No.: _____

E-Mail: _____

Marketing Contact: _____ **Title:** _____

Phone No.: _____ Fax No.: _____

E-Mail: _____

Please select the appropriate membership level based on the fee schedule below. In calculating the appropriate fee, please refer to total company revenues in your most recently completed fiscal year.

LEVEL	ANNUAL MEMBERSHIP DUES
<input type="checkbox"/> Voting Member (revenues of or above US\$10 million per year)	\$10,000 / year
<input type="checkbox"/> Voting Member (revenues less than US\$10 million per year)	\$4,000 / year
<input type="checkbox"/> Associate Member	\$2,000 / year
<input type="checkbox"/> Academic Member	\$100 / year (May be in kind contribution)

MEMBERS CAN VOLUNTARILY CONTRIBUTE AT HIGHER LEVELS

By signing below, the applicant acknowledges and agrees that, when signed and accepted by the Digital Watermarking Alliance, this application represents a binding contract between the parties and commits the applicant to: (1) payment of annual Membership dues and fees as determined from time to time by the Board of Directors, and (2) comply with all the terms and conditions of the Digital Watermarking Alliance'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 its revenues in calculating the fees payable with respect to the Membership level, which it has selected above.

Applicant Authorization:

Accepted:

Digital Watermarking Alliance

(Print Business Applicant Name)

By: _____
(Signature)

By: _____
(Signature)

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Select One:

- Check enclosed
- Please send invoice