

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

Please complete and submit two copies of this application to Information Card Foundation (“ICF”). Membership rights and privileges will not commence until a signed copy of this application has 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	Annual Membership Dues for Current Year
_____	Steering Member	_____
_____	Basic Member	_____
_____	Fellow	_____

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 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.

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.