



*Systems Alliance*

*Associate Membership Application*

**Note: Please attach to this application a brief (one page or less) description of your company and why you want to join the alliance.**

Dear PXI Systems Alliance Members,

My company is a vendor that offers or is interested in offering PXI products or services related to PXI systems. By submitting this application, my company is officially applying for membership in the PXI Systems Alliance. We agree with and endorse the objectives in the Charter Document, and offer or intend to offer products, services, and/or tools that comply with the PXI specification. We understand that by joining, we will be notified of all general and technical working group meetings, and have the opportunity to attend any and all such meetings. In addition, we understand that we will receive minutes taken from all general membership meetings, whether or not we attend. We understand that as an Associate Member we may participate in Alliance meetings and events; however, we will do so without voting privileges.

We have enclosed the initiation fee (payable to PXI Systems Alliance) with this application and we understand that this fee covers the Associate Membership dues until January 1<sup>st</sup> of the next year. We also understand that continued membership in the PXI Systems Alliance is contingent on payment of the annual Associate Membership dues payable on January 1<sup>st</sup> of each year.

**Company Name:** \_\_\_\_\_

**Company World Wide Web Address:** \_\_\_\_\_

**Company Mailing Address:** \_\_\_\_\_

**Primary Contact - Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Official Company Contacts:**

**Marketing – Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Technical – Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Please mail any check payments (with attached company information) to:**

**PXI Systems Alliance  
3855 SW 153<sup>rd</sup> Drive  
Beaverton, OR 97003**

**E-mail: admin@members.pxisa.org**

**OFFICIAL USE ONLY – APPROVAL DATE:** \_\_\_\_\_

By signing above, the applicant acknowledges and agrees that, when signed and accepted by PXISA, 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 PXISA's Certificate of Incorporation and Bylaws (the applicant hereby acknowledging receipt of copies of these documents, which are available at <http://www.pxisa.org>) 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 membership class in calculating the fees payable with respect to the Membership class which it has selected above. The applicant also consents to receiving notices from PXISA by electronic mail directed to the electronic mail address shown above.

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