

IMS/NGN FORUM MEMBERSHIP APPLICATION

Parties:

IMS/NGN Forum
211 Summit Place #292
Box 10,000
Silverthorne, Colorado 80498
USA
Office +1 (970) 262-6100
Fax +1 (407) 641-9595

Corporate Name (“Participant”):

Company Address:

City, State, Zip Code, Country

Company URL (Web address):

Representative Name & Title:

Representative Email Address & Office Phone Number :

Representative Mobile Number & Office Fax Number:

By executing this Membership Agreement, the participant agrees to be bound by the terms and conditions listed in the “**MEMBERSHIP TERMS AND CONDITIONS**” attached with this Agreement and as posted on the IMS Forum website. Dues are set forth below and are based on the Participant's annual revenues and/or status. Please check the appropriate box below, complete the contact information page and submit along with the membership dues payable to: “IMS Forum” at the address listed above.

Note: With corporate membership, all employees are eligible to access IMS/NGN Forum information as a member.

*Discounted membership is available with a signed affidavit from CEO, CFO or other financial officer indicating that the company qualifies for discounts as follows. Please contact IMS/NGN Forum for applicable application and affidavit form.

Check Box	Member Type	Dues (US Dollars)
<input type="checkbox"/>	Full Member, Large Company (Annual Revenues of \$30M USD or More)	\$15,000.00
<input type="checkbox"/>	*Full Member, Small Company (Annual Revenues between \$0 - \$30M USD)	\$7,500.00
<input type="checkbox"/>	Government, Non Profit Organizations, Media Sponsors	\$3,500.00

IMS/NGN Forum
Admin & Accounting Office

Signature

Date Accepted

New Member Authorized Signature
Name

Title
Signature

Date

Contact Information: (Require for receiving Forum “Web Password”)

<i>Primary Representative</i> , Last Name		First Name	
Member (Company)		Title	
Address		Mail Stop	
City	State, Zip, Country		
Telephone	Fax		
E-mail Address (Mandatory)			
<i>Secondary Representative (Alternate Contact)</i> , Last Name		First Name	
Member (Company)		Title	
Address		Mail Stop	
City	State, Zip, Country		
Telephone	Fax		
E-mail Address (Mandatory)			
<i>Invoice Representative</i> , Last Name		First Name	
Member (Company)		Title	
Address		Mail Stop	
City	State, Zip, Country		
Telephone	Fax		
E-mail Address (Mandatory)			
<i>PR/Marketing Representative</i> , Last Name		First Name	
Member (Company)		Title	
Address		Mail Stop	
City	State, Zip, Country		
Telephone	Fax		
E-mail Address (Mandatory)			
<i>Engineer/Technical Representative</i> , Last Name		First Name	
Member (Company)		Title	
Address		Mail Stop	
City	State, Zip, Country		
Telephone	Fax		
E-mail Address (Mandatory)			