



## Membership Application

Please complete all the information requested below and return the completed application by postal mail, email or fax to the address listed in the footer. **Membership rights and privileges will not commence until payment in full of membership fees has been received.**

### 1. COMPANY CONTACT INFORMATION

Company Name: \_\_\_\_\_  
(name as it should appear on all Wavenis-OSA marketing materials)

Company Address: \_\_\_\_\_  
\_\_\_\_\_

Company URL: \_\_\_\_\_

### 2. REPRESENTATIVE(S) CONTACT INFORMATION

**Primary Contact:** \_\_\_\_\_

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

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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

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

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

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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

**Marketing Contact:** \_\_\_\_\_

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

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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

**Public Relations Contact:** \_\_\_\_\_

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

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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



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### 3. MEMBERSHIP CLASS

(Check One)	Membership Class	Annual Membership Fee (payable in US Dollars)
	Principal Member	20,000 USD
	Participating Member	10,000 USD
	Advisory Member	7,500 USD
	Informational Member	0 USD

### 4. PAYMENT INFORMATION (*Payment is needed to activate Membership*)

- By bank wire (U.S. funds; Wiring instructions will be sent with membership invoice)
- By enclosed check (U.S. funds on U.S. Bank) payable to Wavenis-OSA
- Please send Invoice. Name and address to which invoice should be sent:

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### 5. SIGNATURES:

By signing below, the applicant acknowledges and agrees that, when signed and accepted by Wavenis-OSA, 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 Wavenis-OSA's Certificate of Incorporation, Bylaws, Intellectual Property Rights Policy, 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 class which it has selected above.

Applicant Authorization:

\_\_\_\_\_  
(Print Applicant Name)

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

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

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

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

Accepted:

Wavenis Open Standard Alliance, Inc.

By: \_\_\_\_\_

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

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

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



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**NOTE:** THIS APPLICATION WILL NOT BE ACCEPTED IN THE EVENT THAT THE APPLICANT HAS A STOCKHOLDER THAT OWNS, DIRECTLY OR INDIRECTLY, MORE THAN 50% OF THE VOTING RIGHTS IN THE APPLICANT (A "PARENT"), UNLESS THAT STOCKHOLDER COUNTERSIGNS (OR, IF SUCH STOCKHOLDER ALSO HAS A "PARENT", THEN THE ULTIMATE DIRECT OR INDIRECT "PARENT" OF THE APPLICANT COUNTERSIGNS) THIS APPLICATION IN THE SPACE PROVIDED BELOW. IN THE EVENT THAT A THIRD PARTY ACQUIRES, DIRECTLY OR INDIRECTLY, MORE THAN 50% OF THE VOTING RIGHTS IN THE APPLICANT, THE ENTITY SIGNING BELOW OR ANY INTERMEDIATE ENTITY, THEN SUCH THIRD PARTY MUST SUBMIT A COUNTERSIGNATURE BELOW IN ORDER FOR THE APPLICANT'S MEMBERSHIP TO REMAIN IN FORCE.

The undersigned hereby (i) acknowledges that it has read and understands the foregoing Agreement, (ii) certifies that it is the ultimate Parent of the Applicant, (iii) agrees, on its own behalf and on behalf of each of its affiliates and subsidiaries, to be bound by all of the terms of all rules, policies and provisions of the Consortium relating to intellectual property rights as may from time to time be in force, as if the Applicant, the undersigned and each affiliate and subsidiary of the undersigned were collectively a single Member of the Consortium, (iv) certifies that it is legally able to bind each of its affiliates and subsidiaries in accordance with clause (iii) of this paragraph, and (v) commits to cause each of its affiliates and subsidiaries to act in compliance with the foregoing undertakings.

Ultimate Parent Name:

\_\_\_\_\_

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

\_\_\_\_\_

By: \_\_\_\_\_

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

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

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