

# UPnP™ Implementers Corporation

## Membership Application Form

### To join the UPnP Implementers Corporation:

1. Complete the Membership Agreement and this Membership Application **in full**.
2. Fax the signed agreement and form to: +1.503.644.6708, and forward the originals to:  
UPnP Implementers Corporation  
3855 SW 153<sup>rd</sup> Drive  
Beaverton, OR 97006  
USA

For questions regarding Membership Services please contact us at:  
Phone: +1.503.619.5223, Fax: +1.503.644.6708, [admin@upnp-ic.org](mailto:admin@upnp-ic.org)

### Organization Information

Name of Organization: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Post Code \_\_\_\_\_

Web Site Address: \_\_\_\_\_

My company is a member of UPnP Forum Yes \_\_\_\_\_ No \_\_\_\_\_

### Contact Information

**Primary Contact:** (Person who can handle correspondence on behalf of the organization)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Post Code: \_\_\_\_\_

**Alternate Contact:** (Person who can be contacted when the primary contact is unavailable)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Post Code: \_\_\_\_\_

**Billing Contact:** (Person in finance or accounting department who can be contacted regarding payment of membership renewal fees)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Membership Fees: USD \$ 5,000. Fees apply for 12 months from date of registration.**

**Payment Terms** (please make checks or purchase orders payable to UPnP Implementers Corporation)

- I am attaching a check for US\$ 5,000.
- I am providing a Purchase Order Number \_\_\_\_\_. Please invoice me.
- I intend to wire transfer the amount due, and understand I should add USD \$20.00 to the amount due for this purpose.

**How did you hear about the UIC?**

- UPnP Forum member       UPnP press release
- UPnP Forum web site       Article about UPnP technology
- UPnP Summit event       Conference / trade show
- Other \_\_\_\_\_

**Intent to Join the UPnP Implementers Corporation**

Subject to acceptance of this membership, my organization agrees to pay UIC membership dues for the first twelve months and to observe the terms and conditions of UIC's Bylaws and Membership Agreement, which includes certification mark and test license agreements. I understand that my organization will be listed as a Member when UIC receives my Membership Dues and signed Membership Agreement.

Authorized Individual Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month/day/year)