

AR for Enterprise Alliance (AREA) Membership Application

Please complete and submit **one** executed (signed) counterpart of this application.

Mail to:
AR Alliance Inc.
dba AR for Enterprise Alliance (AREA)
401 Edgewater Place, Suite 600
Wakefield, MA 01880 USA

E-mail to: membership@thearea.org

Fax to: +1-781- 623-0365

Organization Information

Organization Name: _____

Organization Address: _____

Organization URL: _____

Contact Information

Primary Business Contact: All legal and financial notices from the AREA to the member will be sent to this e-mail address unless the member directs otherwise.

Name: _____

Title: _____

Address: _____

E-mail: _____

Phone: _____ Fax: _____

Technical Contact: All technical notices from the AREA to the member will be sent to this e-mail address unless the member directs otherwise.

Name: _____

Title: _____

E-mail: _____

Phone: _____ Fax: _____

Membership Class

Please select the class in which your organization seeks membership.

Class and Organization Size (Annual Revenue Est.) Fee (US\$)

Sponsor Member (<\$5M)	\$10,000
Sponsor Member (\$5M to <\$50M)	\$15,000
Sponsor Member (\$50M to <\$500M)	\$20,000
Sponsor Member (\$500M to <\$1B)	\$25,000
Sponsor Member (\$1B or over)	\$30,000

Contributor Member (<\$5M)	\$5,000
Contributor Member (\$5M to <\$50M)	\$8,000
Contributor Member (\$50M to <\$500M)	\$10,000
Contributor Member (\$500M to <\$1B)	\$12,000
Contributor Member (\$1B or over)	\$15,000

Non-Commercial/Academic Member	\$3,000
Affiliate Member	\$3,000

Membership Term: Membership is for 12 months from the membership admission date for all membership classes. Membership rights and privileges will commence on receipt of payment in full.

Committees: Members are eligible to contribute to and participate in AREA committees. Indicate (check all that apply) the AREA committees about which you would like to receive information. The chair of the committees selected will contact you shortly.

Marketing Research Display Safety Membership Return on Investment

All further details concerning membership benefits can be supplied by e-mail or found on www.thearea.org

Payment Information

CHECK: Enclose check payable to "AR Alliance Inc." and mail with signed original of this form.

INVOICE: If we need to include a PO number on the invoice, provide it here: _____

Billing Contact

Name: _____

Title: _____

Address: _____

E-mail: _____

Phone: _____ Fax: _____

Membership Agreement

By signing below, the applicant acknowledges and agrees that, when signed and accepted by the AR Alliance Inc., 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 AR Alliance Inc. April 30, 2015 Bylaws (the applicant hereby acknowledging receipt of this document) 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 2014 (current year) gross annual revenues or annual budget (non-commercial entities) in calculating the fees payable with respect to the Membership class which it has selected above.

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

Accepted: AR Alliance Inc. dba AR for Enterprise Alliance
Print Organization Name

By: _____
Signature

By: _____
Signature

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____