

VESA MEMBERSHIP & TASK GROUP APPLICATION

To Become a Member

- 1) Complete this VESA Membership & Task Group Application.
- 2) Assign one person to be your VESA Voting Member. The Voting Member will receive invoices and all other VESA correspondence including the items described in 3) below. No reproduction may be made of VESA standards information to non-member companies, unless expressly approved by VESA. Penalties for reproduction of copyrighted material will apply.
- 3) As an option you may assign one person to be your VESA Legal Contact. The Legal Contact will receive notices of any changes in the VESA Bylaws, Policies and other VESA legal correspondence. You may also designate a specific contact for any changes to the VESA Intellectual Property Rights (IPR) Policy.
- 4) Return your application with dues payment (see Annual Schedule of Dues on page 2) by mail to: VESA Membership Services, 39899 Balentine Drive, Suite 125, Newark, CA 94560 or by fax: 510-651-5127.
- 5) Phone 510-651-5122 or email: info@vesa.org for more information.

Corporate Membership Services

- One vote per member company for final review and adoption vote.
- The ability to send up to three representatives to task group meetings and to have your representatives review, comment, and vote on all VESA proposals.
- Participation in on-line forums and immediate access to VESA standards and proposals from our "Members Only" site.
- Meeting announcements and email communications about task group activities and technology advances, as well as conference and seminar announcements.

Corporate Membership Information

Please Print Clearly or Type

Today's Date: _____

Company Name _____ Product Type _____

Voting Member _____ Title _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Fax _____ email _____

Additional Participant (Optional):

Name _____ Title _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Fax _____ email _____

Legal Contact (Optional):

Name _____ Title _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Fax _____ email _____

Intellectual Property Contact (Optional):

Name _____ Title _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Fax _____ email _____

To participate in one or more of VESA's technical task groups, please indicate your interest.

Panel DisplayPort Japan (Japanese)

DisplayPort

Annual Schedule of Dues

The applying company assigns Membership Dues on the basis of the company's total annual sales revenue. Membership Dues provided to VESA, a non-profit corporation, are deductible to the full extent of the law. Please contact your tax advisor for final determination. VESA maintains strict confidentiality of all member records.

ANNUAL CORPORATE SALES REVENUE

(Confirmed by Financial or D&B Reports)

\$0 - \$4,999,999

\$5,000,000 - \$49,999,999

\$50,000,000 - Over

CORPORATE ANNUAL DUES

\$3,500

\$5,000

\$8,000

Dues Information

Please fill in the amount of your Corporate Membership Dues \$ _____

"By signing below, the applicant acknowledges and agrees that, when signed and accepted by VESA, 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 VESA's Certificate of Incorporation and Bylaws and such rules and policies as the Board of Directors and/or task groups may from time to time adopt, including the VESA Intellectual Property Rights Policy. 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 which it must pay for Membership, such dues being based on its total revenues for the four consecutive fiscal quarters ending _____."

Representative Signature _____

Financial Sign-Off Contact _____ Title _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Fax _____ email _____

Payment Method:

VISA Mastercard American Express

Card Number _____ Expiration Date _____ Card Code _____

Authorized Signature _____

Check Enclosed

Wire Transfer -- Add \$20.00 to dues total
