

**Advanced Media Workflow Association, Inc.™ (“AMWA”)™
Associate Membership Application**

Please complete and submit this application to AMWA™. Membership rights and privileges will commence when AMWA has received full payment of membership fees.

AMWA Project Interests: _____

Applicant Company: _____

Address: _____

Business Contact: _____

Title: _____

Phone No: _____

E-Mail: _____

Technical Contact: _____

E-Mail: _____

Other contact details: _____

Administrative Contact: _____

E-Mail: _____

Other contact details: _____

Referred By: _____
(For future marketing purposes, provide the name of the person and/or company who referred you for membership.)

Annual Dues for an Associate Member: US\$2,400

You will be invoiced for membership dues, which may be paid by electronic funds transfer, check or credit card.

Preferred Invoice Billing Cycle (choose 30/45/60 day): _____

Billing Contact _____

Billing Address (if different than Administrative and Technical Contact):

By signing below, the applicant acknowledges and agrees that, when signed and accepted by AMWA, this application represents a binding contract between the parties. More specifically, by signing below, the Applicant:

Certifies that it meets the conditions of Membership specified in the Bylaws.

Commits 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 AMWA Certificate of Incorporation, By-laws, Intellectual Property Policy (the applicant hereby acknowledging its review of these documents) and such other rules and policies as the Board of Directors and/or committees may from time to time adopt.

Acknowledges that the AMWA has elected 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 AMWA, and hereby appoints such person who shall be the Executive Director or acting Executive Director of AMWA 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 AMWA,
- 2) make, approve the form of, execute and deliver filings with government agencies on behalf of AMWA and on behalf of the undersigned as a member of AMWA,
- 3) receive notifications, including, without limitation, notifications pursuant to the National Cooperative Research and Production Act on behalf of AMWA and on behalf of the undersigned as a member of AMWA, and
- 4) authorize and direct other officers of, and/or counsel to AMWA, to do any of the foregoing acts.

Accepted:

Accepted:

Applicant Authorization:

(Print Applicant Name)

Advanced Media Workflow
Association, Inc.

By: _____
(Signature)

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Send this form by scan or postal mail to:

Email: mary.schneider@amwa.tv

Mail: Mary C. Schneider
AMWA Operations Manager
7030 Paghams Drive
Madison, WI 53719 USA