



# Regular Member Application

Mail, along with signed Membership Agreement, to:

InfiniBand<sup>SM</sup> Trade Association  
3855 SW 153rd Drive  
Portland, OR 97006 U.S.A.

• **Company** \_\_\_\_\_ **URL** \_\_\_\_\_

• **Parent Company** \_\_\_\_\_

• **Voting Representative Information:**

Representative Name		Title
_____		_____
Address	City	
_____	_____	
State/Province	Zip/Postal	Country Code
_____	_____	_____
Telephone	Fax	
_____	_____	
Internet ID		
_____		

• **Primary Company Contact: (administrative contact for billing, announcements, etc.)**

Name		Title
_____		_____
Address	City	
_____	_____	
State/Province	Zip/Postal	Country Code
_____	_____	_____
Telephone	Fax	
_____	_____	
Internet ID		
_____		

• **Primary Technical Contact Information:**

Name		Title
_____		_____
Address	City	
_____	_____	
State/Province	Zip/Postal	Country Code
_____	_____	_____
Telephone	Fax	
_____	_____	
Internet ID		
_____		

• **Primary Marketing Contact Information:**

Name		Title
_____		_____
Address	City	
_____	_____	
State/Province	Zip/Postal	Country Code
_____	_____	_____
Telephone	Fax	
_____	_____	
Internet ID		
_____		

- **Primary Legal Contact Information:**

Name	_____		Title	_____
Address	_____		City	_____
State/Province	Zip/Postal	Country Code		
_____	_____	_____		
Telephone	_____		Fax	_____
Internet ID	_____			

- **Additional Request For Access: (given immediate member's area access with membership approval)**

Name	_____		Title	_____
Address	_____		City	_____
State/Province	Zip/Postal	Country Code		
_____	_____	_____		
Telephone	_____		Fax	_____
Internet ID	_____			

- **Additional Request For Access: (given immediate member's area access with membership approval)**

Name	_____		Title	_____
Address	_____		City	_____
State/Province	Zip/Postal	Country Code		
_____	_____	_____		
Telephone	_____		Fax	_____
Internet ID	_____			

- **Member Profile** (briefly describe your company and its interest in the InfiniBand<sup>SM</sup> Trade Association – or attach statement)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Please select the category that best defines your company's primary business:

- |                              |                              |  |
|------------------------------|------------------------------|--|
| <input type="checkbox"/> IHV | <input type="checkbox"/> OEM | <input type="checkbox"/> Integrator              |
| <input type="checkbox"/> ISV | <input type="checkbox"/> IT  | <input type="checkbox"/> Other: (please specify) |
| <input type="checkbox"/> OSV | <input type="checkbox"/> ISP | _____  |