



Regular Member Application

Mail, along with signed Membership Agreement, to:

InfiniBandSM Trade Association
3855 SW 153rd Drive Beaverton,
OR 97003 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 InfiniBandSM 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	_____

- Companies with annual gross revenues less than \$10M are eligible to join for \$5,000 annually. Please indicate whether your company's revenues in the most recent fiscal year were less than \$10M:

_____ Yes _____ No