



# Regular Member Application

Mail, along with signed Membership Agreement, to:

InfiniBand<sup>SM</sup> 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 \_\_\_\_\_  
Email Address: \_\_\_\_\_

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

Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State/Province \_\_\_\_\_ Zip/Postal \_\_\_\_\_ Country Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email Address: \_\_\_\_\_

• **Primary Technical Contact Information:**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State/Province \_\_\_\_\_ Zip/Postal \_\_\_\_\_ Country Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email Address: \_\_\_\_\_

• **Primary Marketing Contact Information:**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State/Province \_\_\_\_\_ Zip/Postal \_\_\_\_\_ Country Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email Address: \_\_\_\_\_

- **Primary Legal Contact Information:**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State/Province \_\_\_\_\_ Zip/Postal \_\_\_\_\_ Country Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email Address: \_\_\_\_\_

- **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 \_\_\_\_\_  
Email Address: \_\_\_\_\_

- **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 \_\_\_\_\_  
Email Address: \_\_\_\_\_

- **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:

IHV                       OEM                       Integrator  
 ISV                       IT                       Other: (please specify):  
 OSV                       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