



ISA
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Automation Standards Compliance Institute Membership Application

Applicant Information

Company Name _____

Type of Organization

- Supplier End user Government Agency Educational Institute
 Research Institution Consultant Other (specify) _____

Principal Product/Service _____

Annual Sales _____

Number of Employees _____ (Government agencies only)

VAT number _____ (Members from the European Union Only)

Principal Office Address

Company Name _____

Street Address 1 _____

Street Address 2 _____

City _____ State _____ Zip _____

Interest Area/Institute

- ISA Security Compliance Institute

Type of Membership (Fees apply for 12 months, automatically renewed on anniversary date)

- Strategic Member (**voting**) Annual \$50,000 3 Year Membership \$133,650
 Technical Member (**voting**) Annual \$25,000 (Annual Revenues over \$1 billion)
 Annual \$20,000 (Annual Revenues \$500 million - \$1 billion)
 Annual \$15,000 (Annual Revenues \$100 million - \$500 million)
 Annual \$10,000 (Annual Revenues \$50 million-\$100 million)
 Annual \$5,000 (Annual Revenues less than \$50 million)
 Informational Member (**non-voting**) Annual \$1,500

Payment Options (please make checks or purchase orders payable to ASCI, Inc.)

- Check
 Please Invoice – I am providing a Purchase Order – PO Number _____
 Credit Card (use attached form)

Membership Listing

Your signature on this application authorized the Automation Standards Compliance Institute (ASCI) to publicly include your company's name and listed affiliates on our publicized membership listings including our website. You are also authorizing ASCI to draft and issue press releases announcing such membership subject to prior approval by your designated primary contact. Please write the exact way your company name should appear in all ASCI lists.

Exact Company Name _____

Acceptable Short Version of Company Name _____

Web Address _____

List any additional Email domains or URLs used by your organization

Company Contact / Designated Representative Information

Primary Contact Information (person who will handle correspondence on behalf of the organization)

First Name _____ Last Name _____

Job Title _____

Street Address _____

City _____ State/Province _____

Postal Code _____ Country _____

Phone _____ Fax _____

Email _____ Website URL _____

Secondary Contact Information (person who will handle correspondence in the absence of individual above)

First Name _____ Last Name _____

Job Title _____

Street Address _____

City _____ State/Province _____

Postal Code _____ Country _____

Phone _____ Fax _____

Email _____ Website URL _____

Technical Representative Contact Information

First Name _____ Last Name _____

Job Title _____

Street Address _____

City _____ State/Province _____

Postal Code _____ Country _____

Phone _____ Fax _____

Email _____ Website URL _____

Marketing / Public Relations Contact Information

First Name _____ Last Name _____

Job Title _____

Street Address _____

City _____ State/Province _____

Postal Code _____ Country _____

Phone _____ Fax _____

Email _____ Website URL _____

Designated Voting Representative Contact Information

First Name _____ Last Name _____

Job Title _____

Street Address _____

City _____ State/Province _____

Postal Code _____ Country _____

Phone _____ Fax _____

Email _____ Website URL _____

Intent to Join the Automation Standards Compliance Institute (ASCI)

This application form is an offer by the Applicant to become an associate of ASCI, Inc as set forth below. By executing this Registration Form, Applicant agrees to be bound by the terms and conditions set forth in the Membership Agreement, the Bylaws of ASCI, and any ASCI policies, as may be duly amended from time to time. Dues are set forth above and are based on the Applicant's eligibility.

Authorized Individual Name _____ Title _____
Signature _____ Date _____

MM/DD/YYYY

Mail or Fax Application to: ASCI
C/O ISA
67 Alexander Drive
P.O. Box 12277
RTP, NC 27709 Fax# 919-549-8288

Credit Card Payment Authorization Form

Please complete the information below for credit card payment to the ASCI. Please print.

Date _____

Credit Card Type (please circle) Visa MasterCard American Express

Card Holder's Name _____

Billing Address _____

City _____

State/Province _____

Postal code _____

Country _____

Authorized Amount (\$US) _____

Card Number _____

Expiration Date _____

Cardholder's Signature _____