



## Waveform Architecture for Virtualized Ecosystems (WAVE) Membership Agreement

This MEMBERSHIP AGREEMENT is entered into between Waveform Architecture for Virtualized Ecosystems (WAVE), an unincorporated association of the State of Delaware operating as a program of ISTO, Inc. and the undersigned entity (“Member”). Member agrees to be a Member of WAVE on the terms and conditions stated in this Membership Agreement as well as the terms and conditions stated in the WAVE Bylaws.

On completion in full, please sign and email a scanned pdf (300dpi minimum) of this Agreement to [membership@waveconsortium.org](mailto:membership@waveconsortium.org). A membership dues invoice will be emailed to you separately. Once payment is received you will be sent a countersigned copy of this Agreement for your records. Membership rights and privileges will commence upon full execution of this WAVE Membership Agreement and WAVE receipt of membership dues payment. WAVE membership is annual with renewal invoices issued annually. Membership questions can be addressed to [membership@waveconsortium.org](mailto:membership@waveconsortium.org).

**Company Name:** \_\_\_\_\_

Address of Company: \_\_\_\_\_

Member URL: \_\_\_\_\_

**Primary Representative Name:** \_\_\_\_\_

Title: \_\_\_\_\_

Phone No: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Accounts Payable Contact Name:** \_\_\_\_\_

Title: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_

**Technical Contact:** \_\_\_\_\_

Title: \_\_\_\_\_

Phone No: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Marketing/Communications Contact:** \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone/Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Except to the extent otherwise explicitly required or permitted by the Bylaws or WAVE policy, all notices under this Membership Agreement shall be delivered electronically. Electronic notices will be deemed given when sent. Member will be solely responsible for providing and timely updating contact details for its Primary Representative and all secondary contact persons.

Please indicate your preferred Membership Class:

<u>Membership Class</u>	<u>Annual Membership Dues</u>
<input type="checkbox"/> Board Member	US \$30,000*
<input type="checkbox"/> Contributing Member with 1001 or more Employees	US \$15,000*
<input type="checkbox"/> Contributing Member with 501-1000 Employees	US \$10,000*
<input type="checkbox"/> Contributing Member with 101-500 Employees	US \$7,000*
<input type="checkbox"/> Contributing Member with 51- 100 Employees	US \$5,000*
<input type="checkbox"/> Contributing Member with 11- 50 Employees	US \$3,000*
<input type="checkbox"/> Contributing Member with 1-10 Employees	US \$500
<input type="checkbox"/> Non-Profit Research Institution/University/Govt. Member	US \$0

\* Voting Rights require dues of at least \$3,000

By signing below, the Member acknowledges and agrees the company has the corresponding number of employees at the membership rate, and when signed and accepted WAVE, this agreement represents a binding contract between the parties and commits the member to (i) payment of annual Membership dues, and (ii) compliance with all the terms and conditions of the WAVE Bylaws and policies, as may be amended from time to time.

The parties below acknowledge they have the authority to bind their party into a formal legal agreement. They also agree to abide by the terms and conditions in this Agreement.

**SIGNATURES**

**Member:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Company Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**WAVE:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_