



Information Storage Industry Consortium

Associate Member Application Form

(Please submit this form with your check, if required, made out to "INSIC" in U.S. Dollars)

Date: _____

ORGANIZATION PROFILE

Name of Organization: _____

Type of Organization: _____
(e.g., University, Government Laboratory, Industry Association)

Primary Area(s) of Involvement in Storage Technology:

ASSOCIATE MEMBER DUES SCHEDULE

U.S. \$500 Annually*

* dues waived for Associate Members actively involved in an INSIC proposal or project

Your Associate Membership will become tentatively effective (subject to approval by the INSIC Board of Directors at its next meeting) as of the date of receipt of this information along with your dues payment (if any), and your dues anniversary will be on the first of the month following this date. Continuing membership is subject to annual approval by the INSIC Board of Directors.

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e-mail: insic@insic.org – web site: www.insic.org*

Person who will be your organization's primary contact to INSIC:

Name:

Mr./Ms./Dr./Prof. _____

Title: _____

Address: _____

City: _____

State: _____ Zip or Postal Code: _____

Country: _____

Phone: _____ Fax: _____

e-mail: _____

Web Site: _____

Assistant: _____ Phone: _____ e-mail: _____

(if applicable)