



Information Storage Industry Consortium

Membership Application Form for Government Organizations

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

Date: _____

Please check one: This application is for Member Limited Member status

ORGANIZATION PROFILE

Name of Organization: _____

Type of Organization: _____

Primary Area(s) of Involvement or Interest in Storage Technology:

MEMBER DUES SCHEDULE

U.S. \$22,000 Annually

LIMITED MEMBER DUES SCHEDULE

U.S. \$5,000 Annually

Your membership or limited 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, 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.

Person who will be your organization's primary contact to INSIC and (for applicants to Member status) designated member of the INSIC Board of Directors:

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)