



Information Storage Industry Consortium

Limited Member Application Form

*(Please submit this form with your check made out to "INSIC" in U.S. Dollars,
according to the annual dues schedule shown below)*

Date: _____

COMPANY PROFILE

Company: _____

LIMITED MEMBER DUES SCHEDULE

U.S. \$5,000 Annually

Your INSIC 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 your dues, 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.

Company Status (please check one): Publicly Owned Privately Owned

Parent Company: _____
(if applicable)

Parent Company Address: _____

City: _____

State/Country: _____ Zip or Postal Code: _____

Company Web Site: _____

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

Name:

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

Title: _____

Address: _____

City: _____

State: _____ Zip or Postal Code: _____

Country: _____

Phone: _____ Fax: _____

e-mail: _____

Assistant: _____ Phone: _____ e-mail: _____

(if applicable)

This location is: Corporate Manufacturing Sales R&D

(please circle all that apply)