



c/o FlexTech Alliance
3081 Zanker Road
San Jose, CA 95134
Phone 1 . 408.577.1300
Fax 1 . 408.577.1301

MEMBERSHIP APPLICATION

LIPA's mission is to speed the adoption of laser illuminated projectors through cooperative industry activity. The goals of this activity are to advocate for a positive regulatory environment; to explain benefits of laser illuminated projectors; and to develop appropriate training guidelines. For more information on LIPA and its activities visit the website at www.LIPAINfo.org.

To join, submit a completed application and a signed Participation Agreement to the address or fax listed above. When approved by the Board, you will receive a welcome packet with access and activity information.

1. Company Name [text input field]

Under which letter of the alphabet would you like your company listing to appear? For example, Sony Electronics appears under "S" [text input field]

2. Subsidiary or Division of (or group designation if applicable) [text input field]

3. Mailing Address [text input field]

4. City/State/Zip/Country [text input field]

5. Phone [text input field] 6. Fax [text input field]

6. URL or Company Homepage [text input field]

Type of Facility [checkbox] Corporate [checkbox] Rep Organization [checkbox] Manufacturing [checkbox] Sales [checkbox] R&D [checkbox] Services [checkbox] Consulting

Please provide a 2-3 sentence description of your company, provide a separate sheet if necessary [text input field]

7. Year Established [text input field]

8. Ownership [checkbox] Privately-Owned [checkbox] Publicly-owned Stock Symbol & Exchange [text input field] [checkbox] Subsidiary of another firm

9. Parent Company [text input field]

City/State/Country [text input field]

10. Number of Employees [text input field]

11. Primary Contact

This individual will serve as the primary point of contact for all LIPA correspondence and communications

Name (Mr. Ms. Dr.) [text input field]

Position/Job Title/Department [text input field]

Address if different from above [text input field]

City/State/Zip/Country [text input field]

Email [text input field] Phone [text input field] Fax [text input field]

12. Secondary Contact

This individual will serve as the secondary point of contact for all LIPA correspondence and communications

Name (Mr. Ms. Dr.)

Position/Job Title/Department

Address if different from above

City/State/Zip/Country

Email Phone Fax

13. Contact for Regulatory Issues - will be kept informed of all activities regarding regulatory change, in addition to the Primary contact

Name (Mr. Ms. Dr.)

Position/Job Title/Department

Address if different from above

City/State/Zip/Country

Email Phone Fax

14. Marketing/Communications/PR Contact

Name (Mr. Ms. Dr.)

Position/Job Title/Department

Address if different from above

City/State/Zip/Country

Email Phone Fax

15. Annual Dues: Dues for membership are based on participation and are deductible as a business expense.

Please type in desired membership level

Membership Categories - Comparison of Benefits & Contributions			
	Leader	Participant	Observer
Direct representation on the BOD and a vote on strategic direction	X		
Invited to meet with regulators as LIPA	1st invitation	2nd invitation	
Shared expense for common needs – research and SMEs	X	X	X
Approve new members	X		
Website links & logo placements	X	X	X
Speaking opportunities	1st invitation	2nd invitation	
Chair committees – determine strategic direction	X		
Committee Membership	X	X	
Submit White Papers	X	X	
Review White Papers	X		
Regular Industry Newsletters	X	X	X
Neutral, non-biased information & education for customers	X	X	X
Discounts on 3rd Party Reports	X	X	X
Briefings, Webinars & Tutorials	X	X	Limited
Access to LIPA sponsored research	X	X	
Dues Level per year	US \$25,000	US \$10,000	US \$2,500
In-Kind Contribution	8/hrs/mo	4/hrs/mo	0

Dues are collected annually and are not refundable if cancellation occurs prior to the next renewal date. Checks should be made payable to FlexTech Alliance, in U.S. currency and drawn on an U.S. financial institution.

Mail to: FlexTech Alliance, 3081 Zanker Road, San Jose, CA 95134. Fax: 408.577.1301. Credit Card Payment is accepted.

Please provide the following:

VISA MasterCard AMEX Card Number Please send me an invoice

Name on Card Expiration Date Security Code

Billing Address

16. The Primary Contact must sign below:

Name

Signature Date

Please fax this document and Signed Participation Agreement to 1.408.577.1301. Or, mail to: FlexTech Alliance, 3081 Zanker Road, San Jose, CA 95134 USA.