



## 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](http://www.LIPAinfo.org).

To join, submit a completed application to [info@LIPAinfo.org](mailto:info@LIPAinfo.org). When approved by the Board, you will receive a welcome packet with access and activity information.

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

Mailing Address: Including City/State/Zip/Country: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

URL or Company Home Page: \_\_\_\_\_

### Company Information:

Corporate Rep  Organization  Manufacturing  Sales  R&D  Services  Consulting

Please provide a 2-3 sentence description of your company, provide a separate sheet if necessary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Contact (*This individual will serve as the primary point of contact for all LIPA correspondence and communications*)

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

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

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

Contact Phone: \_\_\_\_\_



Secondary Contact (*This individual will serve as the secondary point of contact for all LIPA correspondence and communications*)

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

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

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

Contact Phone: \_\_\_\_\_

Contact for Regulatory Issues: (*Will be kept informed of all activities regarding regulatory change, in addition to the primary contact*)

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

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

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

Contact Phone: \_\_\_\_\_

Marketing/Communications/PR Contact:

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

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

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

Contact Phone: \_\_\_\_\_

Annual Dues: Leader  Participant  Observer

**Dues are collected annually and are not refundable if cancellation occurs prior to the next renewal date. Once the application has been approved, and invoice will follow with payment instructions.**

Why would you like to join LIPA: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_



**Terms and Conditions:**

By submitting the above form, the applicant acknowledges and agrees that, when signed and accepted by Laser Illuminated Projector Association (LIPA), this application represents a binding contract between the parties and commits the applicant to (i) payment of annual Membership dues and fees as determined from time to time by the Board of Directors, and (ii) comply with all the terms and conditions of LIPA's Certificate of Incorporation and Bylaws (the applicant hereby acknowledging receipt of copies of these documents) and such rules and policies as the Board of Directors and/or committees may from time to time adopt. The applicant certifies that it meets the conditions of Membership specified in the Bylaws.

Primary Contact Signature: \_\_\_\_\_

Please email this document to [info@LIPAINfo.org](mailto:info@LIPAINfo.org). Questions please contact LIPA directly +1.510.492. 4028.