



LIPA
5177 Brandin Ct
Fremont CA 94538-6565
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Fax +1-510-492-4001

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 to info@LIPAINfo.org. When approved by the Board, you will receive a welcome packet with access and activity information.

1. Company Name [text box]

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

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

3. Mailing Address [text box]

4. City/State/Zip/Country [text box]

5. Phone [text box] 6. Fax [text box]

6. URL or Company Homepage [text box]

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 box]

7. Year Established [text box]

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

9. Parent Company [text box]

City/State/Country [text box]

10. Number of Employees [text box]

11. Primary Contact

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

Name (Mr. Ms. Dr.) [text box]

Position/Job Title/Department [text box]

Address if different from above [text box]

City/State/Zip/Country [text box]

Email [text box] Phone [text box] Fax [text box]

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 LIPA, in U.S. currency and drawn on a U.S. financial institution.

Mail to: LIPA, 5177 Brandin Ct, Fremont CA 94538, USA. Fax: +1-510-492-4001. 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

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.

Please email this document to info@LIPAINfo.org or mail to: LIPA, 5177 Brandin Ct, Fremont CA 94538, USA.

Questions please contact LIPA directly +1.510.492. 4030.