INTERCHANGEABLE VIRTUAL INSTRUMENTS

FOUNDATION, INC.("IVI FOUNDATION")

**Membership Application**

Please complete and submit this application to IVI Foundation via mail or email to the contact information noted below. On approval, the invoice will be provided for payment. Membership rights and privileges will not commence until payment of membership fees has been received in full by IVI Foundation.

IVI Foundation Membership
3855 SW 153rd Drive

Beaverton, OR 97003

Email: admin@ivifoundation.org

Name of Applicant/Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Applicant/Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Web Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E‑Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(all notices from IVI Foundation to the member will be sent to this

 e-mail address unless the member directs otherwise)

Billing Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E‑Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Technical Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E‑Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please select the appropriate Membership class, referring to the following fee schedule. In selecting the appropriate class, please refer to the By-laws of IVI Foundation, a copy of which has been provided to you and is available on the web at http://www.ivifoundation.org.

 Class Annual Membership Dues for Current Year

 \_\_\_\_ Sponsor Member $8,500

 \_\_\_\_ General Member $1,750

 \_\_\_\_ Associate Member $ 750

 By signing below, the applicant acknowledges and agrees that, when signed and accepted by IVI Foundation, 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, subject to such applicant's rights under the By-laws, including Sections 2.11 and 2.13, and (ii) comply with all the terms and conditions of IVI Foundation’s Certificate of Incorporation and By-laws (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 By-laws.

 IVI Foundation may elect to avail itself of certain protections offered by the National Cooperative Research and Production Act of 1993, as amended, which requires disclosure of the names of all members of IVI Foundation. Accordingly, the undersigned hereby appoints such person who shall be the President or acting Presidentof IVI Foundation as the undersigned's true and lawful attorney‑in‑fact and authorizes him or her to (1) notify government agencies of the undersigned's membership in IVI Foundation, (2) make, approve the form of, execute and deliver filings with government agencies on behalf of IVI Foundation and on behalf of the undersigned as a member of IVI Foundation, (3) receive notifications, including without limitation, notifications pursuant to the National Cooperative Research and Production Act on behalf of IVI Foundation and on behalf of the undersigned as a member of IVI Foundation, and (4) authorize and direct other officers of, and/or counsel to IVI Foundation, to do any of the foregoing acts.

Applicant/Company Authorization: Accepted:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interchangeable Virtual

 (Print Applicant/Company Name) Instruments Foundation, Inc.

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature)

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

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

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_