

Approved November 20, 2019

**R CONSORTIUM  
Membership Agreement**

On completion in full, please sign and send a copy of this agreement in PDF form by email to [membership@r-consortium.org](mailto:membership@r-consortium.org), and a countersigned copy of this agreement and an invoice will be returned to you by email for your records and payment.

**Firm Name:** \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Representative Name:** \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

(all voting, legal and financial notices from R Consortium to the member will be sent to this e-mail address unless the member directs otherwise)

**Accounts Payable Contact Name:** \_\_\_\_\_

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

Phone/Fax No: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate acceptable method(s) for receiving invoices:

PDF via email  Email address for invoices: \_\_\_\_\_

Hard copy  Fedex mailing address: \_\_\_\_\_

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

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

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

E-Mail: \_\_\_\_\_

(all technical notices from R Consortium to the member will be sent to this e-mail address unless the member directs otherwise)

**Marketing Contact:** \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

(notices related to marketing will be sent to this e-mail address unless the member directs otherwise)

**Legal Contact:** \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

Please check off your desired Membership class below. In calculating the appropriate fee for R Consortium Silver membership, please refer to your "consolidated employee headcount" for the preceding fiscal year. Consolidated employee headcount means the combined headcount for your company and all Subsidiaries and Related Companies, as each term is defined in the R Consortium By-laws.

|       | <b>Class</b> | <b>Annual Membership Fees</b>                |
|-------|--------------|--|
| _____ | Platinum     | US \$100,000 per year                        |
| _____ | Silver       | See <u>Dues Scale</u>                        |
| _____ | Associate    | Board approval required, no membership fees. |

**Silver Membership Dues Scale:**

Total consolidated employee headcount for the preceding fiscal year: \_\_\_\_\_

| <b>Company Size / Organization Type</b> | <b>Annual Membership Fees</b> |
|---|-------------------------------|
| 100+ FTE                                | US \$25,000                   |
| <100 FTE / non-profits, universities    | US \$10,000                   |

By signing below, the applicant acknowledges and agrees that, when signed and accepted by R Consortium, 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 R Consortium's Certificate of Incorporation and By-laws (the applicant hereby acknowledging its access to these documents) and such rules and policies as the Board of Directors and/or committees may from time to time adopt. If applying for Silver membership, the applicant certifies that it has accurately stated its total, consolidated headcount in calculating the fees payable with respect to the Membership class, which it has selected above.

R Consortium 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 R Consortium. Accordingly, the undersigned hereby appoints such person who shall be the Chairperson or acting Chairperson of the R Consortium 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 R Consortium, (2) make, approve the form of, execute and deliver filings with government agencies on behalf of R Consortium and on behalf of the undersigned as a member of R Consortium indicating such membership, (3) receive notifications, including without limitation, notifications pursuant to the National Cooperative Research and Production Act on behalf of R Consortium and on behalf of the undersigned as a member of R Consortium, and (4) authorize and direct other officers of, and/or counsel to R Consortium, to do any of the foregoing acts. R Consortium will forward to the undersigned any notifications that it receives which are other than normal confirmations of filings and other administrative notices relating to all members.

Applicant Authorization:  
\_\_\_\_\_  
(Print Firm Name)

By: \_\_\_\_\_  
(signature)

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

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

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

Accepted:  
R CONSORTIUM

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

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

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

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