



**Digital Intermediate Frequency Interoperability Consortium  
(DIFI Consortium)**

**Membership Agreement**

On completion in full, please sign and email a scanned pdf (300dpi minimum) of this Agreement to [Membership@DIFIConsortium.org](mailto:Membership@DIFIConsortium.org); an invoice will be sent to you. A countersigned copy of this Agreement will be email returned to you for your records when your eligibility for membership has been confirmed. Membership rights and privileges will not commence until this Agreement has been signed by both the Member and the DIFI Consortium.

**Member Organization Name:** \_\_\_\_\_

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

Member URL: \_\_\_\_\_

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

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

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

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

*(All voting, legal & financial notices will be sent to this e-mail unless member directs otherwise.)*

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

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

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

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

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

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

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

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

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

**Please check off your desired DIFI Consortium Membership category.**

<u>Class</u>	<u>Annual Membership Dues</u>
Board Member* <i>*Subject to approval of the Board of Directors</i>	USD \$15,000
Corporate Member	USD \$5,000
Government/Non-Profit Member	USD \$0

By signing below, Member acknowledges and agrees that, when signed and accepted by DIFI Consortium, this agreement represents a binding contract between the parties and commits the member to (i) payment of annual Membership dues and fees as determined from time to time by the Board of Directors, and (ii) compliance with all the terms and conditions of the DIFI Consortium Bylaws, as may be amended from time to time. Membership begins upon receipt of dues payment.

The parties below acknowledge they have the authority to bind their party into a formal legal agreement. They also agree to abide by the terms and conditions in this Agreement.

**SIGNATURES**

**Member**

Organization: \_\_\_\_\_  
(Print Organization Name)

By: \_\_\_\_\_  
(Signature)

Name: \_\_\_\_\_  
(Print Name)

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

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

**DIFI Consortium**

By: \_\_\_\_\_  
(Signature)

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

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

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