



**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 admin@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: _____

DIFI Consortium

By: _____
(Signature)

Name: _____

Title: _____

Date: _____