



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; 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>
____ 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.

Member agrees to the fair use of its logo when it pertains to the DIFI Consortium and its editorial content. Member agrees for its logo to be present on the DIFI Consortium website in the members' area.

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: _____

Rev: April 2025

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DIFI Consortium - A program of ISTO, Inc.
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Membership@DIFIConsortium.org
www. DIFIConsortium.org

DIFI Consortium

By: _____
(Signature)

Name: _____

Title: _____

Date: _____