



Membership Application & Invoice

Organization Information

Name of Organization: _____

Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____ URL: _____

(Please provide your country and city code.)

Applicant Information (Individual completing this form)

Applicant Name: _____

Relationship to Organization: Member (Employer: _____ Title: _____)

Staff (Title: _____)

Business Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____ URL: _____

(Please provide your country and city code.)

Primary Contact Information

The following person will serve as the primary contact for your organization's AF Membership.

Applicant The following person (see contact information)

Primary Contact Name: _____

Relationship to Organization: Member (Employer: _____ Title: _____)

Staff (Title: _____)

Business Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____ E-Mail: _____

(Please provide your country and city code.)

Board of Directors Information

The following individual will serve as your organization's initial representative on the Automation Federation Board of Directors.

Applicant Primary Contact The following person (see contact information below)

Board of Directors Representative Name: _____

Relationship to Organization: Member (Employer: _____ Title: _____)

Staff (Title: _____)

Business Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____ E-Mail: _____

(Please provide your country and city code.)

After your application has been processed, the Automation Federation will contact your Primary Contact about naming representatives from your organization's leadership, membership, and staff to our various initiatives and committees, including government relations, workforce development, and energy.

Membership Fee

Your organization's membership fee is based on your organization's gross revenue.

The maximum membership fee amount is \$25,000. If 3% of your gross revenue exceeds the maximum fee, please check the box below. That will be your membership fee.

\$ _____ x 3% = \$ _____
(Your Organization's Gross Revenue) (Your Organization's Membership Fee)

Maximum Fee of \$25,000

Accepted Methods of Payment

Check: Make checks payable to The Automation Federation.

Credit Card (check one): ___American Express ___Discover ___Mastercard ___Visa
(ISA administers the Automation Federation. The credit card charge will say, "ISA-Stnd for Automation" on your bill)

Card Number: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

Wire Transfer: Contact Automation Federation customer service at +1 919 314 3920.

This application also serves as you invoice. Please make a copy for your records.

Send Payment and Completed Application to: Automation Federation, Membership
Accounting
P.O. Box 12277
Research Triangle Park, NC 27603, USA

Fax: +1 919 314 3921

Call Automation Federation customer service with your questions at + 1 919 314 3920.

After receiving AF membership approval, please send a high resolution logo file, your organization's URL of choice, your organization's about statement, and your membership options to info@automationfederation.org, Attention: Automation Federation Marketing.

Thank you for your application. We look forward to welcoming you into the Automation Federation.

About the Automation Federation:

The Automation Federation is a global association of organizations engaged in manufacturing and process automation activities working together to more effectively fulfill their missions, advance the science and engineering of automation technologies and applications, and develop the workforce needed to capitalize on the benefits of automation. The Automation Federation is working to become the *Voice of Automation*. For more information about the Automation Federation, visit www.automationfederation.org.