

Membership Application

To apply for Membership in the ASN.1 Consortium, please:

- 1) Select one Membership category.
- 2) Review our Bylaws.
- 3) Provide the requested information.
- 4) Sign the application.
- 5) Fax it to +1-208-246-2220, or mail it to:

The ASN.1 Consortium Inc.
1075 Easton Avenue, Suite 177
Somerset, New Jersey 08873
U.S.A.

Membership (please check one):

 Charter Member. All Persons who use, sell or license software that implements ASN.1, or who use or sell related services are eligible to become Charter Members. Charter Members will have the rights to (1) attend all annual and special meetings of Members, (2) nominate and vote for members of the Board of Directors; and (3) participate (subject to acceptance by the applicable Forum Chair) in one or more Forums, including by voting on Forum matters on which the Forum Chair permits votes by Charter Members.

 Associate Member. All Persons who use, sell or license software that implements ASN.1, or who use or sell related services are eligible to become Associate Members. Associate Members will have the rights (1) to attend but not vote in annual and special meetings of Members, and (2) to participate (subject to acceptance by the applicable Forum Chair) in one or more Forums, including by voting on Forum matters on which the Forum Chair permits votes by Associate Members.

 Individual Member. All Persons who have any interest in the use, marketing or development of ASN.1 are eligible to become Individual Members, who will have the rights to (1) attend but not vote in annual and special meetings of Members, and (2) to participate (subject to acceptance by the applicable Forum Chair) but not vote in meetings of Forums.

Provide the following Information

Applicant: (A company or individual name, as appropriate)	
Address:	City:
State/Province:	Zip Code/Postal Code:
Country:	Email:
Telephone:	FAX:
URL to which the Consortium may provide a link: http://	

Optional: If the Applicant is not an individual, please provide the name and contact information for the individual who will represent the Applicant in Consortium matters (for example, by attending meetings, and receiving notices):

Name:

Email:

By signing below, the Applicant (1) agrees to abide by the Consortium's Bylaws; (2) accepts that this application for Membership is subject to acceptance by the Consortium; and (3) accepts that continued Membership may become subject to payment of fees, dues or assessments as may from time-to-time be established by the Board of Directors. The Applicant may avoid such liability by resigning from Membership prior to the date they become due and payable.

ACCEPTED and AGREED

Member Name: (company or individual, as applicable)	Dated:
Signature:	Print: (Name of person signing)
Title: (if applicable)	

For further information, please contact us at info@asn1.org.