



U-SNAP Alliance Participant Application

Instructions:

1. Fill out the Participant Application and Agreement.
2. Fax or email the completed forms to: U-SNAP Membership at +1 408 852 3496.
3. Mail the completed forms to: U-SNAP Alliance, 17431 Lakeview Drive, Morgan Hill, CA 95037, USA.

Primary Contact Information:

First Name: _____ Last Name: _____

Title: _____

Company Name: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

E-Mail: _____

Company Web Address: _____

Secondary Contact Information:

First Name: _____ Last Name: _____

Title: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

E-Mail: _____

Marketing Contact Information:

Same as Primary Contact Same as Secondary Contact

First Name: _____ Last Name: _____

Title: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

E-Mail: _____

Technical Contact Information:

Same as Primary Contact Same as Secondary Contact
First Name: _____ Last Name: _____
Title: _____
Address: _____
City: _____ State/Province: _____
Zip/Postal Code: _____ Country: _____
Phone: _____ Fax: _____
E-Mail: _____

Type and Annual Dues:

(Fees apply for 12 months from date of registration.)

- Contributor – USD \$5,000
- Influencer – USD \$2,500

Payment Options:

(Please make checks or purchase orders payable to U-SNAP Alliance)

- Check
- Credit Card
Number: _____ Expiration Date: _____
Signature: _____ Verification Code: _____
- Invoice – Please provide a Purchase Order Number: _____
- Wire Transfer - Please add US\$20.00 for wire transfer fees.

Intent to Join the U-SNAP Alliance

This Registration Form is an offer by Applicant to become a Participant of the U-SNAP Alliance as set forth below. By executing the Participant Application and Agreement, Applicant agrees to be bound by the terms and conditions set forth in the Participant Agreement, the Bylaws, IPR Policy, Antitrust Guidelines of the U-SNAP Alliance and any U-SNAP Alliance policies, as may be duly amended from time to time. Dues are set forth above and are based on the Applicant's eligibility.

Authorized Individual Name: _____
Title: _____
Signature: _____
Date (month / day / year): _____