

## MEMBERSHIP APPLICATION

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The LCD TV Association is a global, non-profit, trade association to help the entire LCD ecosystem find unity on industry-wide challenges. The LCD TV Association speaks out on the LCD industry's behalf at conferences, via interviews, with research & white papers, and through press releases and speeches, to promote the interests of the industry and its members around the world.

Your membership in the LCD TV Association is an important step in demonstrating your commitment to the LCD industry's voice, promoting a better, healthier and more competitive future for suppliers, set makers, resellers and consumers alike.

## Please type or print clearly (or attach your business card):

| 1.               | Company Name:  |  |  |  |  |
|------------------|--|--|--|--|--|
| 2.               | Subsidiary or Division of (or group designation) (if applicable):  |  |  |  |  |
| 3.               |  |  |  |  |  |
| 4.               | City/State/Zip/Country:  |  |  |  |  |
| 5.               | Phone: Fax:  |  |  |  |  |
| 6.               | nternet Address:   |  |  |  |  |
| 7.               | Member's parent company (if applicable):   |  |  |  |  |
|                  | City/State/Country:  |  |  |  |  |
| <b>8.</b><br>Thi | Primary Contact<br>ndividual will serve as the primary point of contact for all LCD TV Association correspondence and communications |  |  |  |  |
| Na               | e (Mr. Ms. Dr.):   |  |  |  |  |
| Po               | on/Job Title/Department:   |  |  |  |  |
| Ad               | PSS (if different from above):   |  |  |  |  |
| Cit              | State/Zip/Country:   |  |  |  |  |
| Ph               |  |  |  |  |  |
| E-N              | il Address:  |  |  |  |  |
| 9.               | Administrative Contact or additional contact (if none, write 'none')   |  |  |  |  |
| Na               | e (Mr. Ms. Dr.):   |  |  |  |  |
| Po               | ion/Job Title/Department:  |  |  |  |  |
| Ad               | ess (if different from above):   |  |  |  |  |
| Cit              | State/Zip/Country:   |  |  |  |  |
| Ph               | e: Fax:  |  |  |  |  |
| E-N              | il Address:  |  |  |  |  |

| 10. Marketing Contact  (if same as primary contact, write 'same')    Name (Mr. Ms. Dr.): |      |  |  |  |  |
|--|------|--|--|--|--|
| Position/Job Title/Departme  | nt:  |  |  |  |  |
| Address (if different from above   | ə):  |  |  |  |  |
| City/State/Zip/Country:  |      |  |  |  |  |
| Phone:   | Fax: |  |  |  |  |
| E-Mail Address:  |      |  |  |  |  |

## 11. Annual Dues (check one)

**Regular Membership** dues are \$2,500. This supports our work, and provides access to our quarterly newsletters, web access to research and white papers, with the right to reuse these for your marketing purposes, and other organizational benefits over time.

□ Sustaining Membership dues are \$25,000, which includes all benefits of regular membership, plus a seat on the Advisory Board, consulting time from Association executives, and other benefits as detailed at www.lcdtvassociation.org.

Full BOD voting Membership dues are \$250,000, which includes all benefits of Sustaining membership, plus a seat on the BOD Dues are collected annually and members will be invoiced by the LCD TV Association on an annual basis, unless other arrangements are made. Dues are not refundable.

## 12. Payment Methods (check one)

- Checks should be made payable to the LCD TV Association, in U.S. currency and drawn on a U.S. financial institution. Mail to: LCD TV Association, 16055 SW Walker Road, Suite 264, Beaverton Oregon 97006, USA
- Bank Transfers: Wells Fargo Bank; Bank Routing (ACH) # 123 006 800; Checking Account #: 8173-321277

| Credit Card Payments are accepted | d. Please provide the following:: |
|-----------------------------------|-----------------------------------|
|-----------------------------------|-----------------------------------|

| A. Visa      | B. MasterCard        | C. American Express   | Card Number:             |   |
|--------------|----------------------|---|--------------------------|---|
| Name on C    | ard:                 |   |                          | Expiration:                                     |
|              |                      | w charge to USDC, the LCD T<br>illing, please contact Dianne Ei |                          |   |
| Billing Add  | ress:                |   |                          |   |
|              |                      |   |                          |   |
|              |                      |   |                          |   |
| 3. Signature | • The individual pre | paring this application must s                                  | ian below. To clarify pr | resentation of your company name, please attach |

**13. Signature** The individual preparing this application must sign below. To clarify presentation of your company name, ple your business card or letterhead.

Name (print/type):

Signature:

Date:



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