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APPLICATION FOR ASSOCIATE and VENTURE COMPANY MEMBERSHIP

The Physical Security Interoperability Alliance (PSIA) was founded in February of 2008 with the objective of promoting the interoperability of IP enabled security devices. Participating companies include leaders in the security camera, video management software, access control, system integrator segments of the market. Membership in PSIA is open to those persons and companies who are dedicated to the objectives of PSIA. Associate and Venture Members have voting rights within PSIA Committees and Subcommittees (other than Committees and Subcommittees of the Board). Membership dues are established from time to time by the Board of Directors of PSIA. Members are encouraged to participate in the work of PSIA, attend meetings of PSIA and review information covering PSIA and its activities.

Name of Company _____

Address _____

City _____ State _____ ZIP _____ Country _____

Telephone _____ Fax _____

E-mail _____

World Wide Web Address _____

State or Country of Organization _____

Representative _____

Each Member hereby agrees to comply with and be bound by PSIA's articles of incorporation, bylaws, policies, (including, without limitation, the PSIA Antitrust Statement and Guidelines and the PSIA Intellectual Property Policy) and decisions of its Board of Directors. The Members of PSIA are reminded that they are required to comply with the spirit and the specific requirements of the antitrust laws in all activities and functions of PSIA. It is the undeviating policy of PSIA to comply with all federal, state and applicable trade and antitrust laws and regulations. Any activities of PSIA or related actions of its Members which violate these laws and regulations are detrimental to the interests of PSIA and are prohibited.

- _____ Associate Member (US\$4,000 per year)*consolidated worldwide revenues of more than US\$50 Million for most recent fiscal year.
- _____ Venture Company Member (US\$3,000 per year)**consolidated worldwide revenues of \$US50 Million or less for most recent fiscal year.

Signature _____ Date _____

Name (print) _____ Title _____

When you have completed this application, Please fax (408)253-9938 or scan/save/email to dmaguire@psialliance.org. Once we have received your application, an invoice will be issued for payment of dues.