



DYNAMIC SPECTRUM ALLIANCE MEMBERSHIP APPLICATION

COMPANY INFORMATION		
Full Company or Organization Name:		
Company or Organization Name: <i>(as to appear on membership roster)</i>		
Mailing address:		Mail stop:
City:	State:	ZIP/Postal Code:
Country:	Phone: <i>(including country code)</i>	Fax: <i>(including country code)</i>
Website:		
PRIMARY CONTACT INFORMATION		
Person designated to handle correspondence from the organization		
First Name:		Last Name:
Title:	Phone: <i>(including country code)</i>	Fax: <i>(including country code)</i>
Mailing address:		
City:	State:	ZIP/Postal Code:
Country:	Email Address:	
SECONDARY CONTACT		
Person who can be contacted when the primary contact is unavailable		
First Name:		Last Name:
Title:	Phone: <i>(including country code)</i>	Fax: <i>(including country code)</i>
Mailing address:		
City:	State:	ZIP/Postal Code:
Country:	Email Address:	

BILLING CONTACT	
Financial contact who can be reached regarding payment of membership dues	
First Name:	Last Name:
Phone: <i>(including country code)</i>	Email Address:
MEMBERSHIP LEVEL	
Charter (US\$40,000 annually)	
Promoter (US\$20,000 annually)	
Advisor (US\$10,000 annually)	
Observer (\$0 - <i>must be a public or non-profit entity</i>) – <i>attach proof of public or non-profit status</i>	
HOW DID YOU HEAR ABOUT US?	
DSA website	Conference / Event
Current DSA member	Article about DSA
DSA press release	Regulatory report
PAYMENT	
I am attaching a check for US\$_____	
I am providing a Purchase Order Number: _____. Please invoice me.	
I intend to pay by wire transfer and understand I am responsible for paying all wire transfer fees.	
SIGNATURES	
Subject to acceptance of this membership, the above-named company or organization agrees to pay the required membership dues. By signing below, I represent and warrant that I have the authority to bind the above-named company or organization and hereby agree to the terms and conditions of the Dynamic Spectrum Alliance Articles of Association and Membership Agreement.	
Authorized Individual Name:	Title:
Signature:	Date: (month/day/year)

Return this completed form via email to info@dynamicspectrumalliance.org, fax to +1 503-644-6708, or by mail to:

Administrative Office:
Dynamic Spectrum Alliance
3855 SW 153rd Drive
Beaverton, OR 97006
USA