

By the signature of its authorized representative below, Applicant agrees to be bound by the terms hereof, as well as the terms and conditions stated in the Articles of Incorporation and Bylaws of the Media Networking Alliance, Inc. as may apply to the membership classifications stated in the Bylaws of the Corporation. Copies of the Media Networking Alliance organizational documents are available for review on the Media Networking Alliance website. The applicant is encouraged to review these materials prior to the execution of this Agreement. By applying for membership, the applicant grants use of their name and company information on the Media Networking Alliance website in the list of current members.

By signing below, the individual executing this Agreement on behalf of Applicant warrants that he or she has all requisite signing authority for and on behalf of the entity seeking entry.

Membership will begin as of the date of this application and shall remain in effect for one year. The renewal fee to Members will be charged ninety (90) days prior to the expiration of the annual term and Applicant's payment thereof shall constitute a renewal of participation as Member. Failure to make a timely renewal payment shall be cause for suspension and termination of this Agreement and all Member benefits as defined in the bylaws. The undersigned agrees that once accepted, all member dues are nonrefundable for any reason, including termination of this Agreement.

The applicant would like to apply for membership in the Media Networking Alliance, Inc., a not-for-profit corporation at the following level:

Full Membership \$10,000

Full members can participate in all working groups, serve on the board of directors and vote on all matters, and will receive all membership benefits as outlined by the MNA

Associate Membership \$1,000

Associate members can participate in technical working groups, and can receive selected other benefits as defined by the MNA

## Company Information

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Web Page: \_\_\_\_\_

## Company Representative

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Position: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_