

CONEXXUS – Association/Non-Pofit Membership Application

1600 Duke Street • Alexandria, Virginia 22314-3436 • (703) 518-7963 • FAX (703) 879-4328 • E-MAIL: azecca@conexxus.org • www.conexxus.org

Company Information

Company Name
Corporate Address
Corporate Phone Number
Corporate Web Site Address

Primary Contact

Name
Title
Company 1
Company 2
Address 1
Address 2
City, State Zip
Country
Phone
E-Mail

Billing Contact

Name
Title
Company 1
Company 2
Address 1
Address 2
City, State Zip
Country
Phone
E-Mail

Technical Contact

Name
Title
Company 1
Company 2
Address 1
Address 2
City, State Zip
Country
Phone
E-Mail

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Marketing Contact

- Name
- Title
- Company 1
- Company 2
- Address 1
- Address 2
- City, State Zip
- Country
- Phone
- E-Mail

Please note that an association/non-profit membership does not include access to specifications and standards.

Membership in Conexxus is NOT tax-deductible as a charitable contribution, but a portion may be deductible as a business expense. Membership in Conexxus starts on the day that membership dues are received and processed. Membership dues are non-refundable.

By joining or renewing membership with Conexxus, your company agrees to fully abide by the Bylaws and stated Policies of Conexxus, including any changes to those Bylaws and Policies duly modified by the Board of Advisors that may be made during the membership term. Conexxus reserves the right to suspend or terminate membership and certain intellectual property rights of any member found to be in violation of Conexxus Bylaws and Policies, or for any conduct prejudicial to the interests of Conexxus, as determined by the Board of Advisors under the Bylaws or Operating Procedures. A full copy of the Bylaws, Intellectual Property Policies, Antitrust Policies, and Operating Rules may be found at www.conexxus.org.

Please submit your association/non-profit logo (jpg and eps formats) to azecca@conexxus.org for inclusion in our member directory.

Conexxus Dues Calculation

_____ **Association/Non-Profit** \$ 2,500

Amount \$2500 (payable in U.S. funds)

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Amount \$2500 (payable in U.S. funds)

Fill out this section to Pay by Credit Card

American Express, MasterCard or Visa only

Cardholder Name _____

Credit Card Number _____

Expiration Date _____ Billing Zip Code _____

Signature _____

The signatory of this form agrees to accept and pay all applicable charges, including adjustments to reflect correction of arithmetical error. Moreover, the signatory specifically authorizes Conexus to charge any such amounts to the credit card referenced on this form.

OR

Please make checks **payable to Conexus in U.S. funds** drawn on a U.S. Bank, and remit to:
Conexus, 1600 Duke St., Suite 600, Alexandria, VA 22314

Thank you for becoming a member of Conexus!

CONEXXUS USE ONLY

Member No.

Date

Check#

PLEASE MAKE A COPY FOR YOUR RECORDS AND THEN RETURN THIS ENTIRE FORM TO CONEXXUS.