

**Network Centric Operations Industry Consortium Inc.**

**NCOIC**

**Membership Application**

**Please complete the following information (\*[Adobe Reader browser plugin required](#), otherwise download to fill out form, save and send to [join@ncoic.org](mailto:join@ncoic.org)):**

1. Organization Name \_\_\_\_\_
2. Address – Principal Executive Office  
Address 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
Address Line 3 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
ZIP / Postal Code \_\_\_\_\_  
Country \_\_\_\_\_
3. Phone Number \_\_\_\_\_
4. FAX Number \_\_\_\_\_
5. Organization Website \_\_\_\_\_
6. In what country is your organization incorporated? \_\_\_\_\_

**Who will serve as the Primary Representative from your organization?**

7. Representative Name \_\_\_\_\_
8. Title \_\_\_\_\_
9. Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
Address Line 3 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
ZIP / Postal Code \_\_\_\_\_  
Country \_\_\_\_\_
10. Phone Number \_\_\_\_\_
11. Alt. Phone Number \_\_\_\_\_
12. FAX Number \_\_\_\_\_
13. E-mail Address \_\_\_\_\_
14. What is the country of citizenship of the representative listed? \_\_\_\_\_

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**Who will serve as the Alternate Representative from your organization (if applicable)?**

15. Representative Name \_\_\_\_\_  
16. Title \_\_\_\_\_  
17. Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
Address Line 3 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
ZIP / Postal Code \_\_\_\_\_  
Country \_\_\_\_\_  
18. Phone Number \_\_\_\_\_  
19. Alt. Phone Number \_\_\_\_\_  
20. FAX Number \_\_\_\_\_  
21. E-mail Address \_\_\_\_\_

22. What is the country of citizenship of the representative listed above? \_\_\_\_\_

**Who will serve as the primary Billing Contact from your organization?**

23. Billing Contact Name \_\_\_\_\_  
24. Title \_\_\_\_\_  
25. Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
Address Line 3 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
ZIP / Postal Code \_\_\_\_\_  
Country \_\_\_\_\_  
26. Phone Number \_\_\_\_\_  
27. Alt. Phone Number \_\_\_\_\_  
28. FAX Number \_\_\_\_\_  
29. E-mail Address \_\_\_\_\_

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**Please select your organization's desired membership level (check one):**

**Gold Member** - \$35,000/year

**Silver Member** – Select option that applies to your organization

Academia - \$1,000/year

Non-Profit - \$1,000/year

Individual:

Annual-\$100/year

Lifetime-\$500 single payment

Corporate:

\$500/year (Annual gross revenues less than \$10M)

\$3,000/year (Annual gross revenues between \$10M and \$200M)

\$7,500/year (Annual gross revenues between \$200M and \$1B)

\$25,000/year (Annual gross revenues over \$1B)

Government:

\$3,000/year - Number of employees less than 1,000

\$7,500/year - Number of employees 1,000 to 5,000

\$25,000/year - Number of employees more than 5,000

NCOIC Integrated Business Team - \$15,000

Member dues are not deductible as charitable contributions for purposes of the income tax laws and regulations of the United States of America. Each Member should consult with a professional tax advisor to determine if the dues are tax-deductible as ordinary and necessary business expense. NCOIC will notify each Member of the amount of their dues attributable to non-deductible lobbying activities.

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**Conditions of Membership and Authorization**

By signing below, the applicant acknowledges and agrees that, when signed and accepted by Network Centric Operations Industry Consortium Inc. (NCOIC), this agreement represents a binding contract between the parties and commits applicant to (i) payment of annual membership fees as determined from time to time by the Board of Directors and (ii) compliance with all the terms and conditions of NCOIC's Bylaws and Charters & Procedures Document (the applicant hereby acknowledges receipt of copies of these documents) and such rules and policies as NCOIC may from time to time adopt. Membership fees are non-refundable and membership is non-transferable. Membership is automatically renewed on the anniversary of initial membership unless prior notice of intent not to renew is provided by the Member. Members are expected to comply with all applicable laws and regulations of all nations, including laws regarding antitrust and export control. Members that have joined the NCOIC under the "Individual" membership category agree that they will not share NCOIC materials with their organization or company without express permission of an officer of the NCOIC.

NCOIC expects to avail itself of certain protections offered by the National Cooperative Research and Production Act of 1993, as amended (the "NCRPA"), which requires disclosure of the names of all members of NCOIC. Accordingly, the undersigned hereby appoints any person who is the Executive Director or an officer of NCOIC as the undersigned's true and lawful attorney-in-fact solely for the purpose of reflecting the undersigned's participation in NCOIC, and authorizes him or her to (1) make, approve the form of, execute and deliver filings with government agencies in order to comply with and on behalf of the undersigned to indicate that the undersigned is a member of NCOIC, (2) receive notifications pursuant to the NCRPA on behalf of NCOIC and on behalf of the undersigned as a member of NCOIC, and (3) authorize and direct counsel to NCOIC to assist in any of the foregoing acts. NCOIC will forward to the undersigned any notifications that it receives which are other than normal confirmations of filings and other administrative notices relating to all members. Non-US Members may not be entitled to the benefits of the NCRPA, depending on whether their domestic laws give equivalent protection to US companies.

**Applicant Authorization**

Organization name: \_\_\_\_\_

By : \_\_\_\_\_ (type or place signature)

Name of signer : \_\_\_\_\_ (printed)

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

Date : \_\_\_\_\_ (mm/dd/yy)

**Acceptance**

Network Centric Operations Industry Consortium Inc.

By : \_\_\_\_\_ (type or place signature)

Name of signer : \_\_\_\_\_ (printed)

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

Date : \_\_\_\_\_ (mm/dd/yy)

**Please return this form via email:**

Upon acceptance of your organization for membership in the NCOIC, an invoice for annual dues will be sent to your organization's Billing Contact. If dues are not paid within 60 days of billing, your membership rights may be suspended.

For questions about this Application or about NCOIC contact us at **Phone #: +1.714.878.2702** or [join@ncoic.org](mailto:join@ncoic.org)