



# Membership Registration Form

**To join the GENIVI Alliance:**

1. **Complete** the Membership Agreement and Registration form in full.
2. **Fax** the completed forms to: **GENIVI Member Services** at **+1.925.886.3854**
3. **Mail** the completed originals to the address listed below.

**Company Information:**

Company Name:			
Ecosystem Category:	Business Focus: (one for each category)	Primary	Secondary
	<b>Automotive OEM</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Tier 1 Supplier (Hardware)</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Tier 1 Supplier (Software)</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Automotive Device/Electronics</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Independent Software Vendor</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Operating System Provider</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Semiconductor</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Other (Specify):</b>	<input type="checkbox"/>	<input type="checkbox"/>
Company Address: (Street Address, City, State, Postal Code, Country)			
Preferred URL:			

**Primary Contact Information:** *(Person who can handle correspondence on behalf of the organization)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Secondary Contact Information:** *(Person who can handle correspondence in the absence of the primary contact)*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Technical Contact Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Public Relations Contact Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Marketing Contact Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Type and Annual Dues:** *(Fees apply for 12 months from date of registration.)*

- Charter – USD 150,000 first year / USD\$100,000 renewal**
- Core – USD 25,000 annual fee**
- Associate – USD 5,000 annual fee**

**Payment Options:** *(Please make checks or purchase orders payable to GENIVI Alliance, Inc.)*

- Check**
- Invoice** - I am providing a Purchase Order Number: \_\_\_\_\_
- Wire Transfer** - Please add US\$20.<sup>00</sup> to the amount due to cover wire transfer fees

**Please provide a 1-2 sentence description of the reason your organization is joining the GENIVI Alliance:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized Individual Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(month / day / year)