

# 2012 European Associate Membership Agreement

## OVERVIEW

Available to technology, telecommunications, professional services, or technology services-related organisations with less than €80million in annual revenue. Associate Membership is led by an Executive Sponsor (typically the senior-most marketing or services marketing executive) and includes unlimited access for anyone in the organisation to ITSMA's online research library, member briefings, and special member rates for ITSMA conferences, workshops, and other add-on services.

## ANNUAL MEMBERSHIP TERMS AND CONDITIONS

- The annual Programme term begins on the nearest quarterly start date (January 1<sup>st</sup>, April 1<sup>st</sup>, July 1<sup>st</sup>, October 1<sup>st</sup>). Or as agreed on the completed, authorised agreement form.
- Programme fees are due immediately upon joining ITSMA and on annual anniversary dates.
- Members must designate an Executive Sponsor to serve as lead management representative to ITSMA. Executive Sponsors are typically the senior-most marketing or services marketing executive.
- Members may also designate a Membership Coordinator to serve as the programme liaison for membership activities.
- Members may also register staff to receive individual passwords to ITSMA's Online Library.
- Cancellation of the Programme during the year will forfeit any outstanding fees.
- Annual Membership will automatically renew on the anniversary date at the then-current membership fee unless termination notice is received at least 30 days prior to renewal date.

## NONDISCLOSURE STATEMENT

- ITSMA and the Member will have access to proprietary information and documents owned by the other party.

- Neither party has the right to disclose proprietary information, either during the term of this agreement or at any time thereafter, except as required to fulfill the obligations under this agreement.
- Neither ITSMA nor the Member shall publish, release, or otherwise make available to any other party the proprietary information or materials without specific written authorization from the other party.

## ONLINE ACCESS TERMS AND CONDITIONS

- ITSMA's Online Library includes all archived ITSMA publications previously distributed as part of the membership programme. Access to sponsored (multiclient) research reports and custom research studies are not included.
- Employees at ITSMA Member companies are eligible to register online for individual passwords for the Online Library; passwords cannot be transferred or used by others.
- Online access passwords are only available upon full payment of the Programme fees and will terminate upon nonrenewal.
- All documents in ITSMA's Online Library are covered by standard copyright laws, under which items cannot be copied or redistributed without permission from ITSMA. Sponsors and delegates are encouraged to distribute copies of member research reports within their organizations but not externally.
- Information from the Online Library cannot be stored or displayed permanently within any Intranet site of any Member company without a separate written agreement with ITSMA.

### Online Form Instructions

*First, save this document to your hard drive. To fill out this form online, simply tab to each cell and type in your response. There is no reasonable limit to the amount of data each cell can accept. Check boxes accept a typed "x" or mouse-click.*

## ASSOCIATE MEMBERSHIP

### Executive Sponsor

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
 COMPANY \_\_\_\_\_ DEPT/DIVISION \_\_\_\_\_  
 ADDRESS 1 \_\_\_\_\_  
 ADDRESS 2 \_\_\_\_\_  
 CITY \_\_\_\_\_ COUNTY/REGION \_\_\_\_\_ POST CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

***I have read, authorised, and agree to abide by the terms and conditions stated herein for this Programme.***

SIGNATURE [The email you've sent with this attached document is your legal signature authorising the membership.] \_\_\_\_\_ DATE \_\_\_\_\_  
 \_\_\_\_\_ [DD/MM/YYYY]

### Programme Coordinator

In addition to an Executive Sponsor, corporate members may designate a Programme Coordinator to serve as programme liaison for daily programme activities. This may be the Executive Sponsor or a member of his/her team.

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
 COMPANY \_\_\_\_\_ DEPT/DIVISION \_\_\_\_\_  
 ADDRESS 1 \_\_\_\_\_  
 ADDRESS 2 \_\_\_\_\_  
 CITY \_\_\_\_\_ COUNTY/REGION \_\_\_\_\_ POST CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

### ASSOCIATE MEMBERSHIP DETAILS

#### Annual Associate Membership Fees

Membership category is based upon **total** company-wide revenue for the most recent financial reporting year.

Category	Total Revenue	Annual Associate Programme Fee
A	< €80M	€5,000

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

#### Check One for Each Column

Industry Segment	New/Renewal	Month	Category	TOTAL FEES	€
<input type="checkbox"/> Hardware/Systems/Solutions	<input type="checkbox"/> New	<input type="checkbox"/> JAN	<input type="checkbox"/> A (€5,000)		
<input type="checkbox"/> Medical Technology	<input type="checkbox"/> Renewal	<input type="checkbox"/> APR			
<input type="checkbox"/> Networking/Telecom		<input type="checkbox"/> JUL			
<input type="checkbox"/> Software		<input type="checkbox"/> OCT			
<input type="checkbox"/> Professional Services		<input type="checkbox"/> Other:			
<input type="checkbox"/> Other (please specify): _____		dd/mm/yyyy			

#### Billing Information

ACCOUNTS PAYABLE CONTACT \_\_\_\_\_  
 ADDRESS 1 \_\_\_\_\_  
 ADDRESS 2 \_\_\_\_\_  
 CITY \_\_\_\_\_ COUNTY/REGION \_\_\_\_\_ POST CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

#### Payment (Due Upon Receipt)

Authorised Purchase Order. Purchase Order # \_\_\_\_\_  
 If registered in Europe, a VAT number is required. Please inform ITSMA if reverse charging applies. \_\_\_\_\_  
 Wire Transfer (contact ITSMA Accounting for details)  
 Cheque Enclosed – Payable to ITSMA in Euros.  
 Visa     MasterCard

CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_ [DD/MM/YYYY]  
 CARDHOLDER NAME \_\_\_\_\_ SECURITY CODE \_\_\_\_\_  
 BILLING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
 COUNTY/REGION \_\_\_\_\_ POST CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

SIGNATURE [The email you've sent with this attached document is your legal signature authorising the membership.] \_\_\_\_\_ DATE \_\_\_\_\_  
 [DD/MM/YYYY]