



WideBand Gigabit Networking Alliance

Institutional Membership Form

Company Information: (Information for corporate headquarters)

Company Name:		
Address:		
City:	State:	Zip - Postal Code:
Country:		Company Web Site:
Telephone:		FAX:
Type of Business:		

Institutional Membership Dues	\$500 US per year
Download an application form for Member, Associate Member, Academic Member, or Press Member at http://www.wgna.org	

Contact Information:

Primary Contact Name & Title:		
Address:		
City:	State:	Zip - Postal Code:
Country:		E-mail:
Telephone:		FAX:
Type of Business:		

Please add my name to the following reflectors:

<input type="checkbox"/>	Business	<input type="checkbox"/>	ResNet Workgroup
<input type="checkbox"/>	Cables Workgroup	<input type="checkbox"/>	Enhanced Ethernet Workgroup
<input type="checkbox"/>	Connectors Workgroup	<input type="checkbox"/>	Cable Tester Workgroup
<input type="checkbox"/>	Fiber Workgroup	<input type="checkbox"/>	WideBand Systems Workgroup

Marketing Contact: (Optional)

Marketing Contact Name & Title:		
E-mail:		
Telephone:		FAX:

Please add my name to the following reflectors:

<input type="checkbox"/>	Business	<input type="checkbox"/>	ResNet Workgroup
<input type="checkbox"/>	Cables Workgroup	<input type="checkbox"/>	Enhanced Ethernet Workgroup
<input type="checkbox"/>	Connectors Workgroup	<input type="checkbox"/>	Cable Tester Workgroup
<input type="checkbox"/>	Fiber Workgroup	<input type="checkbox"/>	WideBand Systems Workgroup

Public Relations Contact: (Optional)

Public Relations Contact Name & Title:	
E-mail:	
Telephone:	FAX:

Please add my name to the following reflectors:

<input type="checkbox"/>	Business	<input type="checkbox"/>	ResNet Workgroup
<input type="checkbox"/>	Cables Workgroup	<input type="checkbox"/>	Enhanced Ethernet Workgroup
<input type="checkbox"/>	Connectors Workgroup	<input type="checkbox"/>	Cable Tester Workgroup
<input type="checkbox"/>	Fiber Workgroup	<input type="checkbox"/>	WideBand Systems Workgroup

Technical Contact: (Optional)

Technical Contact Name & Title:	
E-mail:	
Telephone:	FAX:

Please add my name to the following reflectors:

<input type="checkbox"/>	Business	<input type="checkbox"/>	ResNet Workgroup
<input type="checkbox"/>	Cables Workgroup	<input type="checkbox"/>	Enhanced Ethernet Workgroup
<input type="checkbox"/>	Connectors Workgroup	<input type="checkbox"/>	Cable Tester Workgroup
<input type="checkbox"/>	Fiber Workgroup	<input type="checkbox"/>	WideBand Systems Workgroup

Billing information:

Billing Contact Name & Title:		
Billing Address:		
City:	State:	Zip - Postal Code:
Country:	E-mail:	
Telephone:	FAX:	

The above-named entity's application for participation and membership in the WideBand Gigabit Networking Alliance signifies acknowledgment and acceptance of the Policy Statement and Governing Rules of Conduct of the WideBand Gigabit Networking Alliance, and that Membership is contingent upon continued adherence to the most current published version of such rules.

Membership form completed and submitted by:

_____	Title: _____
Signature	
_____	Date: _____
Name (Please Print)	