

## **NS-3 CONSORTIUM Member Application Form**

I, the undersigned, the duly authorized representative of:

*[name]..... of [registered or principal business address]*

hereby            apply            for            and            on            behalf            of  
*[name.....]* to become Consortium  
Member of the NS-3 Consortium, represented by (choose the relevant  
Founding Executive Member)

☐ INSTITUT NATIONAL DE RECHERCHE EN INFORMATIQUE ET EN  
AUTOMATIQUE (Inria)

A Public Institution of a scientific and technological nature under decree 85-  
831 of August 2, 1982,

Domiciled at Domaine de Voluceau - Rocquencourt - BP 105 - 78153 Le  
Chesnay Cedex - France,

Represented by M. Michel COSNARD, President CEO, and by commission  
by M. Gérard GIRAUDON, Director of Centre INRIA SOPHIA ANTIPOLIS -  
MEDITERRANNEE,

☐ UNIVERSITY OF WASHINGTON

A public institution of higher education and an agency of the State of  
Washington with its principal campus located in Seattle, Washington, USA,  
Represented by Director of Sponsored Programs, Office of Sponsored  
Programs,

I agree and accept without reserve all the terms and conditions of the NS-3  
Consortium Agreement signed between its founders the *<date to  
precised.....>*, as it may from time to time  
be amended by the Founding Executive Members. Should the NS-3  
Consortium Agreement be amended by Founding Executive Members, I  
shall be informed in a reasonable time.

I agree to promptly pay the annual dues as stated below and to provide no  
less than thirty (30) days' written notice prior to the anniversary of my  
acceptance of non-renewal. In the event I failure to provide such notice, my

membership will be deemed to automatically renew for an additional year. In the event I fail to pay annual dues, I understand that my membership will be subject to termination as provided in the NS-3 Consortium Agreement.

The NS-3 Consortium's Steering Committee reserves the right to refuse an application, as stipulated in the NS-3 Consortium Agreement.

I understand that in the event the Consortium is terminated or I discontinue my membership in the Consortium, I will not be entitled to receive any refund of any dues or portion thereof.

*Billing Information:*

Contact Name/title:

Address:

E-mail address:

*Membership Class and Annual Dues:*

☐ University/academic €1,176 or US\$1,500 (excluding any applicable VAT/taxes)

☐ Very small company €1,176 or US\$1,500 (excluding any applicable VAT/taxes)  
(less than 20 employees)

☐ Small company €5,882 or US\$7,500 (excluding any applicable VAT/taxes)  
(more than 20 and less than 500 employees)

☐ Large company €11,765 or US\$15,000 (excluding any applicable VAT/taxes)  
(more than 500 employees)

.....  
..... Signed

.....  
..... Name

.....  
..... Date