

NAME _____ MEMBER ID # _____

ORGANIZATION _____

JOB TITLE _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____ POSTAL CODE/ZIP _____

COUNTRY _____ PHONE _____

E-MAIL _____ By providing my e-mail address I agree to accept e-mail from AUTM headquarters regarding AUTM activities, events and news. Check here to acknowledge: FAX _____ By providing my fax number I agree to accept faxes from AUTM headquarters regarding AUTM activities, events and news. Check here to acknowledge:

Please e-mail membership receipt to: 1) _____ 2) _____

ORGANIZATION'S WEB SITE ADDRESS _____

REGULAR MEMBER (\$250 membership dues) **THIS SECTION NEEDS TO BE COMPLETED IN FULL**

Do you work for an academic, non-profit or governmental research institution? Yes No

Are you the most senior member of your institution's technology transfer organization who belongs to AUTM? Yes No

(We need to know with whom to communicate when we need to seek your institution's opinion on specific matters.)

My place of employment is best defined as:

- University (includes nonprofit research organizations formed for the sole purpose of managing a university's or college's intellectual property)
- Teaching hospital
- Nonprofit research institution
- Government technology transfer program and/or federal lab

Do you work for a for-profit entity, foundation or association? Yes No

My place of employment is best defined as:

- Independent attorneys or members of a law firm
- For-profit corporation
- Support industry such as data systems management groups, information specialists, technology transfer conference organizers, publishers, professional organizations/associations
- Technology transfer consultant and/or consulting firm
- Licensing agent
- Venture fund and/or financial group
- Accountant or accounting firm that is involved in technology transfer
- Foundation (other than those whose purpose is outlined under regular membership)
- For-profit non-academically affiliated research firm
- No affiliation
- Other, please specify: _____

STUDENT MEMBER (\$112.50 membership dues)

Applicants for student membership must attach proof of status; i.e., letter from advisor.

A person who is a full-time student or fellow in an institution of higher education, or a resident in a resident-training program at a teaching hospital, whose educational experience involves activities relating either directly or indirectly to the administration of the institution's intellectual property.

ELECTRONIC MEMBERSHIP (for developing economies) For information on this membership option, visit www.autm.net.

Years of Experience (Please check one)

0-2 3-7 8-14 15-20 21+

Gender: Female Male

Which of the following areas are most significant in your job? (Check all that apply)

- Company/spin-out development
- Economic development identification/evaluation
- Marketing
- Contract negotiation
- Licensing technology
- Research
- Other _____

PAYMENT INFORMATION (Payment is in U.S. dollars. AUTM's Tax Id #36-3011951.)
 AUTM's membership year is January 1 through December 31. Membership dues are deductible as business expense, but not as charitable contribution for federal tax purposes.
 Membership dues are nonrefundable.

My check made payable to **Association of University Technology Managers** is enclosed.

VISA MasterCard American Express Discover

Print name as it appears on card _____

Card # _____ Exp. Date _____ Signature _____

Billing Address (if different from above) _____

Mail completed form with payment to: AUTM, 33661 Treasury Center, Chicago, IL 60694-3600 Or fax to: +1-847-480-9282
If you have any questions, please contact AUTM Headquarters by phone at +1-847-559-0846 or info@autm.net.