



INNOVATION RESEARCH INTERCHANGE

Accelerating Value Creation

INNOVATION RESEARCH INTERCHANGE

formally the Industrial Research Institute

2019 APPLICATION FOR ASSOCIATE MEMBERSHIP

(For confidential use by Board of Directors and Membership Committee)

(Federal Lab., Gov. Agency or University)

(Date)

Principal products and/or services: \_\_\_\_\_

Organization website: \_\_\_\_\_

Tier I Membership: To include federal labs, government agencies and universities.

Check desired membership level:

Standard -  \$15,750.00 Silver -  \$21,250.00 Gold -  \$26,350

Please designate the following persons to represent the company in IRI.

Primary Representative (PR)

Alternate Representative (R)

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

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

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

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

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

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

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

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

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

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

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

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

Special Interests: \_\_\_\_\_

Special Interests: \_\_\_\_\_

Admin Asst. Name: \_\_\_\_\_

Admin Asst. Name: \_\_\_\_\_

Admin Asst. Phone: \_\_\_\_\_

Admin Asst. Phone: \_\_\_\_\_

Admin Asst. Email: \_\_\_\_\_

Admin Asst. Email: \_\_\_\_\_

Please check both boxes in order for Application to be accepted.

I give IRI permission to store the information provided as it is necessary in order to process this membership application form. IRI will not share any personal information without your consent. I understand I can request to have the information removed at any time.

The above named Voting Representative is qualified to represent our research, development and/or engineering functions, authorized to participate in all activities of the Institute, and to vote on our behalf.

(SIGNATURE)

(TITLE)