



INNOVATION RESEARCH INTERCHANGE

Accelerating Value Creation

INNOVATION RESEARCH INTERCHANGE (Formerly the Industrial Research Institute) 2021 APPLICATION FOR ASSOCIATE MEMBERSHIP (For confidential use by Board of Directors and Membership Committee)

(LABORATORY NAME)

(DATE)

(DEPARTMENT, IF APPLICABLE)

(AGENCY, IF APPLICABLE)

Laboratory mission, principle areas of R&D activities (e.g., optics, chemicals, electronics) and location(s) of R&D facilities:

Organization website:

Select Membership Level (check one): Standard (\$15,750) Silver (\$21,250) Gold (\$26,350)

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

Primary Representative

Alternate Representative

Name: Title: Address: Phone: Fax: Email:

Name: Title: Address: Phone: Fax: 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 the box 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.

(SIGNATURE)