



2011 CORPORATE ASSOCIATE MEMBERSHIP APPLICATION

To join online, go to www.osa.org/partner/join

I. Company Information

COMPANY NAME _____

DEPARTMENT/DIVISION/SUBSIDIARY (IF APPLICABLE) _____

STREET ADDRESS _____

CITY _____ STATE/PROVINCE _____

COUNTRY _____ ZIP/POSTAL CODE _____

TELEPHONE _____ WEB SITE _____

EMAIL _____

II. Primary Contact Information (Main Contact with OSA)

NAME _____

TITLE _____

JOB FUNCTION: EXECUTIVE MANAGEMENT SALES/MARKETING PUBLIC RELATIONS HUMAN RESOURCES R&D

TELEPHONE _____ EMAIL _____

III. Annual Dues

Please check the appropriate box below.

Corporate Associate Member Type	Dues
Corporate Member: Manufacturer, distributor, R&D firm (Annual Sales Volume)	
Less than \$1 Million	<input type="checkbox"/> Contact OSA for dues
Tier 1: \$1 - \$10 Million	<input type="checkbox"/> \$605
Tier 2: \$10 - 20 Million	<input type="checkbox"/> \$895
Tier 3: \$20 - 50 Million	<input type="checkbox"/> \$1,795
Tier 4: More than \$50 Million	<input type="checkbox"/> \$2,990
Associate Member	
Group A: Nonprofit, University, Government Lab	<input type="checkbox"/> \$595
Group B: Publisher, VC, market research firm, other	<input type="checkbox"/> \$895
Group C: Recruiter	<input type="checkbox"/> \$1,500

IV. OSA Foundation Annual Campaign Contribution

The OSA Foundation supports programs that promote science learning for students from grade school through university studies. Make a lasting impact by helping us inspire the next generation of innovators and leaders. Your charitable donation will be matched dollar-for-dollar by OSA's national organization. Contributions to the OSA Foundation, a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code, are deductible as provided by law.

DONATION AMOUNT: \$ _____

V. Payment Information

TOTAL AMOUNT: \$ _____

- Check Enclosed Wire Transfer
- VISA MasterCard Diners Club American Express

CARD NUMBER _____ EXPIRATION DATE _____

PRINTED NAME (AS IT APPEARS ON THE CREDIT CARD) _____

SIGNATURE _____

Checks should be made payable to Optical Society of America and must be in U.S. dollars and drawn on a U.S. bank. Wire transfers should be directed to Bank of America, 1501 Pennsylvania Ave., NW, Washington, DC 20013, SWIFT: BOFAUS3N, ABA #0260-0959-3, OSA Acct. 20 867-84-287. Your organization is responsible for all bank transfer fees. Include your company name and OSA Corporate Membership on the wire transfer. Fax any supporting documents to Henry Cortez, OSA, +1.202.416.1450. Please allow 3-4 weeks for application processing.

VI. Demographic Information

Company Type — Select the classification that best describes your company:

- Academic
- Component Manufacturer
- Consultant
- Distributor/Reseller
- Financial Firm/VC
- Government
- Market Research Firm
- Non-profit
- Publisher/Press
- R&D Firm
- Recruiter
- Systems Design Firm
- Systems Manufacturer

Industry Category — Select all markets in which your company does business:

- Aerospace/Defense
- Biotechnology/Medical
- Display/Lighting
- Energy/Alternative Energy
- Manufacturing (please specify): _____
- Semiconductor Manufacturing Equipment
- Telecom/DataCom
- Other (please specify): _____

Location Type — If applicable, provide parent company and headquarters information:

PARENT COMPANY NAME: _____

HEADQUARTERS: _____
CITY _____

STATE/PROVINCE _____

COUNTRY _____

Budget Schedule — In what month does your company's fiscal year start?

OSA CORPORATE ASSOCIATE MEMBERSHIP APPLICATION

VII. Individual Memberships

As an OSA Corporate Member your company receives three complimentary OSA individual memberships. Please indicate which staff members should receive the memberships.

50 Free OpticsInfoBase Downloads — Corporate individual members receive 50 complimentary downloads in OpticsInfoBase.org, an online repository of journal publications and conference papers with a search engine that enables you to research and access articles on demand.

1. _____
NAME

TITLE

JOB FUNCTION: EXECUTIVE MANAGEMENT SALES/MARKETING
 PUBLIC RELATIONS HUMAN RESOURCES R&D

STREET ADDRESS

CITY STATE/PROVINCE

COUNTRY ZIP/POSTAL CODE

TELEPHONE FAX

EMAIL WEB SITE

2. _____
NAME

TITLE

JOB FUNCTION: EXECUTIVE MANAGEMENT SALES/MARKETING
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3. _____
NAME

TITLE

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TELEPHONE FAX

EMAIL WEB SITE

VIII. Company Contacts

To ensure your appropriate staff is aware of the available benefits, please provide contact information for the individuals who serve in the functions below.

1. Chief Executive Officer/President

NAME

TITLE

TELEPHONE

EMAIL

2. Sales/Marketing Executive

NAME

TITLE

TELEPHONE

EMAIL

3. HR Director/Personnel Officer

NAME

TITLE

TELEPHONE

EMAIL

4. Public Relations Director

NAME

TITLE

TELEPHONE

EMAIL

5. Chief Technologist

NAME

TITLE

TELEPHONE

EMAIL

IX. Company Description and Logo

Please send a 50-word description of your company and a logo to cam@osa.org. This information will be posted in the online Corporate Member Directory on OSA.org.

Return your completed application and payment to:

FAX: 202.416.1408

**MAIL: OSA Corporate Programs
2010 Massachusetts Ave., NW
Washington, DC 20036 USA**

OR JOIN ONLINE AT: www.osa.org/partner/join

Please contact cam@osa.org if you have any questions.