

MEMBERSHIP APPLICATION

COMPANY INFORMATION

_____ Applies for Membership in the 3D-IC Alliance, Subject to its Bylaws*
(Company Name)

Mailing Address: _____

City: _____ State: _____ Zip: _____ — _____ Country: _____

Phone: _____ Fax: _____ URL/Web Address: _____

Principal Products: _____

CONTACT INFORMATION

Please provide the name of the person who will serve as the primary participant on the 3D-IC Alliance Committee.

Please circle one: Mr. Ms. Other _____ (for other, please indicate.)

Name: _____ Title: _____

Address (if different than company address above): _____

City: _____ State: _____ Zip: _____ — _____ Country: _____

Phone: _____ Fax: _____ Email: _____

The 3D-IC Alliance is a consortium of integrated circuit designers, developers, and manufacturers.

*** The Bylaws of the 3D-IC Alliance (3D-ICA) consist of three manuals adopted by the JEDEC Solid State Technology Association (JEDEC) and available on the JEDEC website:**

The JEDEC Manual of Organization and Procedure JM21

The JEDEC Patent Policy Statement

The JEDEC Legal Guides Manual JM5.

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ALTERNATE CONTACTS

Please provide the names of persons who will serve as alternate contacts for your organization.

ALTERNATE 1 Please circle one: Mr. Ms. Other _____ (for other, please indicate.)

Name: _____ Title: _____

Address (if different than company address): _____

City: _____ State: _____ Zip: _____ — _____ Country: _____

Phone: _____ Fax: _____ Email: _____

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ALTERNATE 2 Please circle one: Mr. Ms. Other _____ (for other, please indicate.)

Name: _____ Title: _____

Address (if different than company address): _____

City: _____ State: _____ Zip: _____ — _____ Country: _____

Phone: _____ Fax: _____ Email: _____

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ALTERNATE 3 Please circle one: Mr. Ms. Other _____ (for other, please indicate.)

Name: _____ Title: _____

Address (if different than company address): _____

City: _____ State: _____ Zip: _____ — _____ Country: _____

Phone: _____ Fax: _____ Email: _____

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ALTERNATE 4 Please circle one: Mr. Ms. Other _____ (for other, please indicate.)

Name: _____ Title: _____

Address (if different than company address): _____

City: _____ State: _____ Zip: _____ — _____ Country: _____

Phone: _____ Fax: _____ Email: _____