



## ***Membership Agreement Form***

Name of Member Company: \_\_\_\_\_

**ACKNOWLEDGEMENT:** As a DCIA Member, I acknowledge the obligations of my Company to remain current at all times with dues payments. Moreover, I hereby acknowledge that my Company shall be bound by the Articles of Incorporation and the Bylaws of the DCIA.

Name of Signer: \_\_\_\_\_

Position Title within Member Company: \_\_\_\_\_

Monthly Dues: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please complete all information and mail this document along with check or money order for first quarter's dues to the following address. This form may also be sent via fax (410-643-3585) or e-mail (join@dcia.info). If you prefer to pay your dues via electronic transfer, contact DCIA for ABA routing and account information.

**Member Services**  
**Distributed Computing Industry Association**  
**2838 Cox Neck Road, Suite 200**  
**Chester, MD 21619**

**<http://www.dcia.info>**  
**410-476-7965**