



Voice on the Net Coalition  
c/o Pillsbury Winthrop Shaw Pittman LLP  
1200 Seventeenth Street, NW  
Washington, DC 20037-1122

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VON COALITION, INC.

# Membership Registration Form

## ORGANIZATION INFORMATION

Name of Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

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

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

(Person who can vote and will receive correspondence on behalf of the organization)

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

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

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

## MEMBERSHIP FEES\* (Please check appropriate box)

\$12,000 for companies with annual revenues less than \$500 million.

\$30,000 for companies with annual revenues of \$500 million to \$1 billion.

\$60,000 for companies with annual revenues of more than \$1 billion.

\*The fees above apply for 12-months from the date of registration and carry full voting rights. Membership is also available at 50% of the fees above for companies that do not want voting rights or the opportunity to serve as officers or directors of the VON Coalition. This reduced fee is available only to new members for the first year of membership.

## PAYMENT TERMS (Please make checks or purchase orders payable to VON Coalition, Inc.)

I am attaching a check for \$ \_\_\_\_\_

I am providing a Purchase Order (P.O. number \_\_\_\_\_). Please invoice me.

CONTINUES ON NEXT PAGE ►



## Member Registration Form (continued)

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### TERMS / SIGNATURE

By completing this form, my organization is agreeing to pay membership dues for the first twelve months and to any membership stipulations detailed in the VON Coalition bylaws. I understand that my organization will be listed as a member when the VON Coalition receives my membership dues.

**Authorized Individual Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

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### MAILING/ DELIVERY INFORMATION

To join the VON Coalition, complete this form and fax/mail it with your check or purchase order (made out to **VON Coalition, Inc.**) to the fax number/address listed below. You will receive an invoice and acknowledgment within two weeks from receipt.

Thank you for your membership!

#### **VON COALITION, INC.**

ATTN: Glenn Richards  
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PMB #336  
Washington DC 20005

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