

XBRL INTERNATIONAL MEMBERSHIP APPLICATION FORM (DIRECT ORGANISATIONAL MEMBERSHIP)

PRIMARY CONTACT INFORMATION	ORGANISATION INFORMATION
Name:	Name:
Position/Title:	Street Address:
Phone:	City:
Email:	HQ Country:
	Other Countries in which you do business:

BILLING CONTACT (if different)
Name:
Position/Title:
Phone:
Email:

MEMBERSHIP CATEGORY		ANNUAL DUES
<input type="checkbox"/> FOR-PROFIT ORGANISATION	<= \$1 million gross revenue	\$2000
	Dues > \$1 million in gross revenue	\$2000 plus an additional \$500 per \$1 million dollars in gross revenue (to a maximum of \$20000)
<input type="checkbox"/> GOVERNMENT OR REGULATORY ENTITIES	National governmental/regulatory entities located in top 20 world economies (by GDP)	\$4000
	All other national governmental or regulatory entities	\$2000
	Multinational regulators	\$5000
<input type="checkbox"/> NON-PROFIT ORGANISATIONS	Grant-funded, non-governmental organisations \$1,000	\$1000
	Professional Societies, individual members \$5000	\$5000
	Professional associations- primarily corporate members* *only staff or approved designated representative receive member rights	\$10000

DIRECT MEMBER VOTING REPRESENTATIVE DESIGNATION

Each Organisational Direct Member may appoint a Voting Representative to the Member Assembly who shall have the right to exercise the vote of that Organisational Direct Member in matters before the Member Assembly as set forth in the XII 2011 bylaws.

Full Name:

Title:

Phone:

E-mail

AUTHORIZATION

I, hereby represent, that I have read and understand the above information and that the answers and attachments are, to the best of our knowledge and belief, true and correct. In consideration of admission to membership in XBRL International, Inc, we hereby pledge to submit to and abide by the By-Laws and Membership Policies & Procedures of the Organization, as now existing and as hereafter duly amended from time to time.

Applicant Signature/Date : _____

Printed Name / Title: _____

PAYMENT METHOD

- My check is enclosed for \$ _____, payable to XBRL International, Inc.
- Charge \$ _____ to my VISA MasterCard American Express

CARD NUMBER _____ EXPIRATION DATE _____

NAME ON CARD _____

AUTHORIZED SIGNATURE _____

- Please Invoice

** All memberships are subject to approval by the XBRL International Board of Directors. Membership becomes active upon receipt of payment.

PRIVACY Notice - XBRL International does not contact information with any third party