

CONEXXUS – Emeritus Membership Application

1600 Duke Street • Alexandria, Virginia 22314-3436 • (703) 518-7963 • FAX (703) 879-4328 • E-MAIL: azecca@conexxus.org • www.conexxus.org

Please note to qualify for an emeritus membership, you must be retired from a Conexxus member company, and either be a member of the Conexxus Technology Hall of Fame or have a referral/recommendation from an individual currently active in Conexxus.

Contact Information

Name

Address 1

Address 2

City, State Zip

Country

Phone

E-Mail

Organization you retired from

Referral name, company, and email

Please note that an emeritus membership does not include implementation rights for specifications and standards. An emeritus membership does include the ability to participate in working groups and committees, as well as a complimentary subscription to Conexxus365.

Membership in Conexxus is NOT tax-deductible as a charitable contribution, but a portion may be deductible as a business expense. Membership in Conexxus starts on the day that membership dues are received and processed. Membership dues are non-refundable.

By joining or renewing membership with Conexxus, you agree to fully abide by the Bylaws and stated Policies of Conexxus, including any changes to those Bylaws and Policies duly modified by the Board of Advisors that may be made during the membership term. Conexxus reserves the right to suspend or terminate membership and certain intellectual property rights of any member found to be in violation of Conexxus Bylaws and Policies, or for any conduct prejudicial to the interests of Conexxus, as determined by the Board of Advisors under the Bylaws or Operating Procedures. A full copy of the Bylaws, Intellectual Property Policies, Antitrust Policies, and Operating Rules may be found at www.conexxus.org.

Conexxus Dues Calculation

___ **Emeritus** \$ 125

Amount \$125 (payable in U.S. funds)

CONEXXUS – Emeritus Membership Application

1600 Duke Street • Alexandria, Virginia 22314-3436 • (703) 518-7963 • FAX (703) 879-4328 • E-MAIL: azecca@conexus.org • www.conexus.org

Fill out this section to Pay by Credit Card

American Express, MasterCard or Visa only

Cardholder Name _____

Credit Card Number _____

Expiration Date _____ Billing Zip Code _____

Signature _____

The signatory of this form agrees to accept and pay all applicable charges, including adjustments to reflect correction of arithmetical error. Moreover, the signatory specifically authorizes Conexus to charge any such amounts to the credit card referenced on this form.

OR

Please make checks **payable to Conexus in U.S. funds** drawn on a U.S. Bank, and remit to:
Conexus, 1600 Duke St., Suite 600, Alexandria, VA 22314

Thank you for becoming a member of Conexus!

CONEXXUS USE ONLY

Member No.

Date

Check#

PLEASE MAKE A COPY FOR YOUR RECORDS AND THEN RETURN THIS ENTIRE FORM TO CONEXXUS.