



Membership Agreement EXECUTION COPY

By the signature of its authorized representative below, Applicant, on behalf of itself and its Affiliates (as defined in the Bylaws), agrees to be bound by the terms hereof, as well as the terms and conditions stated in the Articles of Incorporation, Bylaws, Antitrust Guidelines and the Intellectual Property Rights Policy (“Organizational Documents”) of Open Networking Foundation (hereafter “Corporation”) as may apply to the membership classification. Copies of the Organizational Documents are available for review at the administrative offices of the Corporation at the mailing address (1000 El Camino Real, Suite 100, Menlo Park CA 94025) or in electronic format at <https://www.opennetworking.org/organizational-documents/>. Applicant is encouraged to review these materials prior to the execution of this Membership Agreement.

No Membership Agreement is binding on the Corporation unless this Agreement is first countersigned by an officer of the Corporation, and until this Membership Agreement is accompanied by payment of the initial membership fee.

The term of membership shall be on a year-to-year basis, expiring at the end of the 365th day from the date of execution of this Membership Agreement. The Corporation will then invoice the current renewal fee to Members prior to the expiration of the pending term and a Member’s payment thereof shall constitute a renewal of membership as a Member. Membership invoicing terms are NET 30. Failure to make a timely renewal payment may cause suspension and termination of membership and member benefits.

The undersigned agrees that once received by the Corporation, all membership fees are deemed earned in full, and are nonrefundable for any reason, including termination of membership. There is no duty to renew any membership and renewal may only be accomplished as set forth above.

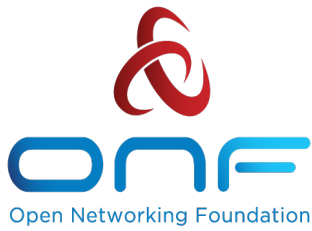
Select Membership Level: The annual contribution for Collaborating Innovator and Innovator members is based on a company’s annual revenue in the previous year.

- Collaborating Innovator* Innovator

**Note:* Collaborating Innovator will require separate verification of contributions in kind having been made deemed equivalent to a full -time engineer. Company will be classified as an Innovator until verification is complete.

Indicate Company Classification: Select a category below to indicate Company Annual Revenues to calculate annual membership fee:

<u>Member Company Annual Revenue (in US Dollars)</u>	<u>Annual Fee</u>
<input type="checkbox"/> Greater Than \$500 Million	\$50,000
<input type="checkbox"/> Between \$250M and \$500M	\$40,000
<input type="checkbox"/> Between \$100M and \$250M	\$30,000
<input type="checkbox"/> Between \$50M and \$100M	\$20,000
<input type="checkbox"/> Between \$10M and \$50M	\$10,000
<input type="checkbox"/> Between \$1M and \$10M	\$5,000
<input type="checkbox"/> Less than \$1M AND fewer than 10 employees	\$1,500



Signature Authority

By signing below, the individual executing this Agreement on behalf of Applicant represents that he or she has all requisite signing authority for and on behalf of the entity seeking membership and that the membership fee will be forthcoming immediately upon receipt of invoice. By signing below, the individual acknowledges that the claim of revenue category is accurate (see chart on page 3), and agrees that if misrepresented all fees will be reassessed and all backdated fee adjustments will become immediately due and payable.

Contributions, gifts, and dues payments to ONF are not tax deductible as charitable contributions.

Signature _____ Date _____
Signature Name _____ Signature Title _____
Signature Email _____ Signature Phone Number _____
Company Name _____ Company Web Page URL _____
Company Address _____
Company Domain(s) _____

Primary Representative (if different from Signature Authority)

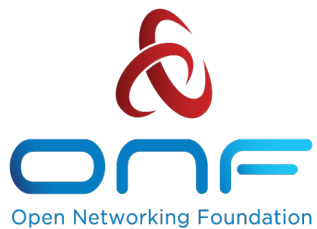
Primary Name _____ Primary Title _____
Primary Email _____ Primary Phone Number _____

Billing Primary

Billing Name _____ Billing Title _____
Billing Email _____ Billing Phone Number _____
Billing Address _____
Additional Billing Contact(s) (Name & Email) _____

Marketing Contact

Marketing Name _____ Marketing Title _____
Marketing Email _____ Marketing Phone Number _____



EXECUTION COPY

For ONF Use Only

Acceptance:

This Membership Agreement is accepted as of this _____ day of _____.

Membership Effective Start Date (annual renewals will be based on this date): _____

If left blank, the Effective Start Date will be the same as the Membership Agreement Acceptance date

Open Networking Foundation
An Oregon Mutual Benefit Corporation

Signature _____

Name _____

Title _____