

Consortium for Onboard Optics (COBO) Membership Application

Membership term is for one year from the date COBO confirms the membership in writing. Email the completed application to admin@team.onboardoptics.org.

For questions about this application, how to join, or about COBO, email us at admin@team.onboardoptics.org.

COBO is a not-for-profit membership corporation incorporated in the state of Washington and has applied for exemption from taxation in the United States under Internal Revenue Service Code Section 501(c)6.

Membership Level

- Steering Member - \$15,000
- Associate Member - \$9,500
- Low-Revenue Associate Member (*less than \$5 million USD annually*) - \$5,000

Organization Applicant Information

Organization Name: _____

Main Office or
Headquarters Address: _____

Mailing Address _____

Country: _____

Organization URL: _____

Are you a subsidiary or
affiliate of any other
company? If so, please
identify: _____

Primary Representative (required)

Name: _____

Title: _____

Mailing Address: _____

Email: _____

Phone: _____

Alternate Representative (optional)

Applicants may designate an Alternate Representative for when the Primary Representative is not available.

Name: _____

Title: _____

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Email:

Phone:

Marketing Contact (optional)

Name:

Title:

Email:

Phone:

Public Relations Contact (optional)

Name:

Title:

Email:

Phone:

Billing Contact (required)

Name:

Title:

Email:

Phone:

By submitting this application to the Consortium for Onboard Optics (COBO), the Applicant agrees that, if accepted, it will (i) pay the Membership dues and fees as determined from time to time by the Board of Directors and (ii) comply with all the terms and conditions of COBO's Articles of Incorporation, Bylaws, and policies adopted by the Board of Directors.

This application may be withdrawn by Applicant at any time prior to acceptance by providing written notice to COBO. If Applicant's membership is terminated for any reason, Applicant acknowledges that fees due or paid for any remaining months of an annual membership period will **not** be refunded.

All legal and financial notices from COBO will be sent via e-mail to Applicant's Primary Representative unless COBO is directed otherwise in writing.

By signing this document, you represent that you are authorized to make this application on behalf of the organization and agree to the terms and conditions set forth above.

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X

Date: Click or tap to enter a date.

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.