



2026 Membership Application Form

First Name	Last Name	Informal Name
Job Title	Designation (PhD, MD, JD, etc.)	Organization
Address	City	State/Province
Postal Code/Zip	Country	Phone

Email (By providing my email address I agree to accept email from AUTM headquarters regarding AUTM activities, events and news.)

Please email additional membership receipt to above address

MEMBER TYPES

- NEW Regular Membership – \$450
- Renewal Regular Membership – \$450 ID#: _____
- Digital Membership (Developing Nations) – \$175
For information on this membership option, visit www.autm.net/digital.
- Digital Student Membership – \$75
Applicants for student membership must attach proof of status; i.e., letter from advisor. A person who is a full-time student or fellow in an institution of higher education, or a resident in a resident-training program at a teaching hospital, whose educational experience involves activities relating either directly or indirectly to the administration of the institution's intellectual property. For more information on student membership, visit www.autm.net/student.

If you have any questions, please contact AUTM headquarters by phone at +1-202-960-1800 or info@autm.net. Mail completed form with payment to: AUTM, PO Box 7151, Carol Stream, IL, 60197-7151.

PAYMENT INFORMATION

(Payment is in U.S. dollars. AUTM's Tax ID #: 36-3011951.)

AUTM's membership year is January 1 through December 31. New members joining after October 1 will be considered members through December 31 of the following year. All others will be invoiced for dues prior to January 1. Membership dues are deductible as business expense, but not as charitable contribution for federal tax purposes. Membership dues are nonrefundable.

- AUTM New Regular Membership: \$450
- AUTM Renewal Regular Membership: \$450
- AUTM Digital Membership (Developing Nations): \$175
- AUTM Digital Student Membership: \$75

Payment Method

- Wire Transfer fee: \$45
- My Check made payable to AUTM is enclosed. Check #: _____

DEMOGRAPHIC INFORMATION

Are you the most senior member of your institution's technology transfer organization who belongs to AUTM? Yes No

(We need to know with whom to communicate when we need to seek your institution's opinion on specific matters.)

If you work for a nonprofit organization, what best describes your place of employment?

- Government Laboratory
- Hospital
- University
- Other: _____

If you work for a for-profit organization, what best describes your place of employment?

- Industry
- Investor
- Law Firm
- Non-Legal service provider
- Other: _____

Will you be in charge of managing your organization's profile in the AUTM Innovation Marketplace? Yes No

Years of Experience in the Technology Transfer Industry (Check one)

- 0-2
- 3-7
- 8-14
- 15-20
- 21+

Gender:

- Female
- Male
- Decline to Answer
- Other: _____

Which of the following areas are most significant in your job? (Check all that apply)

- Administrative
- Business Development
- Economic Development
- Investment
- Licensing
- Marketing
- Negotiation
- Research
- Startup Formation
- Technology Valuation
- Other: _____