



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

MEMBER TYPES

- NEW REGULAR MEMBER \$370** (new / reinstated membership dues)
THIS SECTION NEEDS TO BE COMPLETED IN FULL
- RENEWAL REGULAR MEMBER \$295 ID#** _____
- ADMINISTRATIVE PROFESSIONAL MEMBERSHIP**
Applicants for Administrative professional membership must attach a document with your immediate supervisor's name, title, phone number and email address.
Check here to verify you meet the following eligibility requirements.
Administrator membership is designed for those working in administrative roles, and who: (i) work for or are engaged with a technology transfer office or business development office, and (ii) do not evaluate technology disclosures, actively market technologies, negotiate agreements, actively prosecute patent applications, actively seek and engage corporate or industry partners, or actively seek business development opportunities. For information on this membership option, visit www.autm.net.
- ELECTRONIC MEMBERSHIP** (for developing economies)
For information on this membership option, visit www.autm.net.
- STUDENT MEMBER** (\$50 membership dues)
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.

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 non-profit 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 (AIM)? Yes No

Years of Experience in the Technology Transfer Industry (Please check one)
 0-2 3-7 8-14 15-20 21+

Gender: Female Male Decline to Answer

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
- Start-up Formation
- Technology Valuation
- Other: _____

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.

DESCRIPTION	UNIT PRICE
AUTM New Regular Membership	\$370
AUTM Renewal Regular Membership	\$295
AUTM Administrative Professional	\$130
AUTM Electronic Membership (Developing Countries)	\$130
AUTM Student Membership	\$50
Wire Transfer Fee (if applicable)	\$45
<input type="checkbox"/> My check made payable to AUTM is enclosed. CHECK # _____	TOTAL
<input type="checkbox"/> Wire Transfer	

Mail completed form with payment to: AUTM, PO Box 88615, Chicago, IL 60680-1615 Or fax to: +1-847-686-2253
If you have any questions, please contact AUTM headquarters by phone at +1-847-686-2244 or info@autm.net.