



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 \$295** (new / reinstated \$75 fee waived for 2021)
THIS SECTION NEEDS TO BE COMPLETED IN FULL
- RENEWAL REGULAR MEMBER \$295 ID#** _____
- ADMINISTRATIVE PROFESSIONAL MEMBERSHIP**
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 University
 Hospital Other: _____
- If you work for a for-profit organization, what best describes your place of employment?**
- Industry Law Firm
 Investor 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 (Please 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)
- | | |
|---|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Negotiation |
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Research |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Start-up Formation |
| <input type="checkbox"/> Investment | <input type="checkbox"/> Technology Valuation |
| <input type="checkbox"/> Licensing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Marketing | |

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: \$295
- AUTM Renewal Regular Membership: \$295
- AUTM Administrative Professional: \$130
- AUTM Electronic Membership (Developing Countries): \$130
- AUTM Student Membership: \$50
- Wire Transfer fee: \$45
- My Check made payable to AUTM is enclosed. CHECK #:

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.