**Digital Metrology Standards Consortium Membership**

3245 Latta Road, Number 16595, Rochester, NY 14616

[www.qifstandards.org](https://qifstandards.org/about-dmsc/)

# Membership Request Form

### Member Information:

**Primary Contact**

Name

Email Address

Phone

Company

Company Address

**Invoice Contact**

Name

Email Address

Phone

### Select Your Membership Level (Check one):

|  |  |  |
| --- | --- | --- |
| **Membership Level** | **Organization Size** | **Annual Contribution** |
| **Member Company** | 5000+ employees | $14,995 |
| **Member Company** | 501 – 4,999 employees | $9,995 |
| **Member Company** | 51 – 500 employees | $4,995 |
| **Member Company** | 11 – 50 employees | $2,995 |
| **Member Company** | 2 – 10 employees | $995 |
| **Member Company** | 1 employee | $195 |
| **Government (DoD, DoE, Natl Labs)** | NA | $4,995 |
| **Academic (University, College)** | NA | $995 |
| **Non-Profit (SDO, Consortium)** | NA | $3,495 |

1. ***Membership Application Authorization:***

Total Annual Contribution ($):

Applicant Authorizing Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Authorizing Title:

Applicant Authorizing Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To get started processing this order, my organization requires a formal QUOTATION or formal INVOICE 

Upon receipt of this completed form, the Digital Metrology Standards Consortium will send a quotation/invoice for the requested annual DMSC membership.

Email completed form to: director@dmsc-inc.org?subject=DMSC Membership request