



CONSORTIUM FOR
SERVICE INNOVATION™

New Member

Renewal

Additional Program Team

MEMBERSHIP APPLICATION FOR THE CONSORTIUM FOR SERVICE INNOVATION

Company Information:

Company Name: _____ URL _____

Person authorizing this Membership _____

Title: _____ email: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

By signing this application, I indicate that I have read and understood the Rules of Conduct and understand that all members must abide by those rules. I understand that my membership is for 12 months from the date I join.

Signed _____ Date _____

Participation Levels	Annual Fee
<ul style="list-style-type: none"> ▪ Participant <ul style="list-style-type: none"> ○ 4 program team seats per year 	\$ 9,000
<ul style="list-style-type: none"> ▪ Participant Plus <ul style="list-style-type: none"> ○ 6 program team seats per year 	\$15,000
<ul style="list-style-type: none"> ▪ Sponsor <ul style="list-style-type: none"> ○ 8 program team seats per year 	\$21,000
<ul style="list-style-type: none"> ▪ Benefactor <ul style="list-style-type: none"> ○ Unlimited participation in program teams 	\$41,000
Amount Due	\$ _____

Membership dues are used to finance the past and future work of the Consortium. Your dues give you access to a wealth of information developed by the members and the staff of the Consortium over the past years. It also gives you access to the white papers that will be created, discounts on member services and, based upon your level of membership, access to Consortium program meetings over the coming 12 months. Membership dues are non-transferable, non-refundable and the Consortium can make no guarantee about future deliverables or activities.

Billing Options:

___ Annual payment

\$9000 Participant, \$15,000 Participant Plus, \$21,000 Sponsor, \$41,000 Benefactor

___ Semi-annual payments

\$4500 Participant, \$7500 Participant Plus, \$10,500 Sponsor, \$20,500 Benefactor

___ Quarterly payments

\$2250 Participant, \$3750 Participant Plus, \$5250 Sponsor, \$10,250 Benefactor

Method of Payment: *Choose your method of payment ...*

Credit Card: MC Visa Amex

Name on Card

Number Exp. Date csc (3-digit code on back of card)

Billing Address (if different than company address)

Check: Make checks payable to Consortium for Service Innovation

P.O. Number _____

Accounts Payable Contact _____ Telephone _____

Primary contact:

Name: _____ Title: _____

Address: _____

Phone: _____ email: _____

Alternate Contact:: _____ Title: _____

Phone: _____ email: _____

Executive sponsor contact (for invite to Executive Summit and for Benefactor/Sponsor level members the leadership committee participant):

Name: _____ Title: _____

Address: _____

Phone: _____ email: _____

Alternate Contact:: _____ Title: _____

Phone: _____ email: _____

Mailing List: Please list additional people who should be on our mailing list for notification about program team meetings and other Consortium events.

Name _____

Title _____

Address _____ *Email* _____

Phone _____

Name _____

Title _____

Address _____ *Email* _____

Phone _____

Name _____

Title _____

Address _____ *Email* _____

Phone _____

Name _____

Title _____

Address _____ *Email* _____

Phone _____

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