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### USER LEVEL MEMBERSHIP

The Physical Security Interoperability Alliance (PSIA) was founded in February of 2008 with the objective of promoting the interoperability of IP enabled security devices. Participating companies include leaders in the security camera, video management software, access control, system integrator segments of the market. USER level membership is any entity which has an interest in the objectives of the corporation and wishes to have the rights accorded to User Members as specified by the Board of Directors from time to time. User Members shall have such rights of access to certain products and tools of the corporation and to such promotional rights in the corporation's materials as the Board of Directors may determine. User Members shall not have voting rights for the corporation. Membership includes:

- 1) Logo/link on PSIA Members Page website
- 2) IP Media Device Required test tools (Level 1) at no charge
- 3) Compliancy reference on PSIA website

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

Company Telephone \_\_\_\_\_ Fax \_\_\_\_\_

World Wide Web Address \_\_\_\_\_

State or Country of Organization \_\_\_\_\_

Representative \_\_\_\_\_

Rep E-mail \_\_\_\_\_ Mobile \_\_\_\_\_

Marketing Contact \_\_\_\_\_ Mktg Email \_\_\_\_\_

Each Member agrees that PSIA membership dues automatically renew each year on the anniversary of the date on which the Member joined the PSIA ("Renewal Date"). Members have 30 days from invoicing date to inform PSIA by email their intention to resign. Members will be liable for annual dues for the subsequent year unless the Member provides written notice of its intention not to renew at least thirty (30) days from invoicing date.

\_\_\_\_\_ (please initial)

\_\_\_\_\_ USER Level Member (US\$2,500 per year)

\*\*Please note, membership must be paid in full before access to tools.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_ Title \_\_\_\_\_

When you have completed this application, Please fax 1(408)516-3950 or scan/save/email to [dmaguirepsia@gmail.com](mailto:dmaguirepsia@gmail.com). Once we have received your application, an invoice will be issued for payment of dues.