

**Z-Wave Alliance Inc. ("Z-Wave Alliance")
Membership and Application Agreement**

Please complete and submit this Membership Application Agreement (“Agreement”) to Z-Wave Alliance. If, for any reason, your organization prevents you from signing this Agreement electronically, then you may print, sign, and mail the completed agreement to Z-Wave Alliance at 3855 SW 153rd Drive, Beaverton, OR 97003 USA. Upon acceptance of your Agreement by Z-Wave Alliance, you will receive an invoice. Membership rights and privileges will not commence until payment in full of membership fees have been received by Z-Wave Alliance.

Name of Applicant Company: _____
Address of Applicant Company: _____

Business Contact Name: _____
Phone No: _____
E-Mail: _____

All legal and financial notices from Z-Wave Alliance to the member will be sent to this e-mail address unless the member directs otherwise

Technical Contact Name: _____
Phone No: _____
E Mail: _____

All technical notices from Z-Wave Alliance to the member will be sent to this e-mail address unless the member directs otherwise

Billing Contact Name: _____
(if different than Business contact)
Phone No: _____
E Mail: _____

Marketing Contact Name: _____
(if different than Business contact)
Phone No: _____
E Mail: _____

Please select the appropriate Membership class:

<u>Membership Class</u>	<u>2023 Annual Dues</u>	<u>2024 Annual Dues (informational)</u>
<input type="checkbox"/> Principal – Including Appointed Director*	\$65,000	\$85,000 plus one-time \$30,000
<input type="checkbox"/> Manufacturer	\$10,000	\$15,000
<input type="checkbox"/> Brander	\$5,000	\$7,500
<input type="checkbox"/> Affiliate	\$1,500	\$2,500
<input type="checkbox"/> Installer/Reseller	\$250	\$200
<input type="checkbox"/> Individual Academic	\$100	\$100
<input type="checkbox"/> Individual	\$1,500	\$1,500

*Principal Director seats must be approved by the Board of Directors

If you are a Related Company, as defined in the Bylaws, of an existing member of Z-Wave Alliance, you may be eligible (with the consent of that company) to receive a free or discounted membership for so long as that Related Company remains a member in good standing. Individual Academic and Individual Members are also eligible for fee waivers or discounts upon approval by the Board of Directors. For more details, contact administration@z-wavealliance.org.

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Are you seeking a waiver or discount in relation to a Related Company of yours that already a Z-Wave Alliance Member?

Yes. If yes, what is its name: _____

If you are seeking a fee discount or waiver as an Individual Academic or Individual Member, please attach an explanation of why your request should be granted. Requests for waivers and discounts are only granted under appropriate circumstances.

By signing below, the applicant acknowledges and agrees that, when signed and accepted by Z-Wave Alliance, this application represents a binding contract between the parties and commits the applicant to (i) payment of annual Membership dues and fees as determined from time to time by the Board of Directors and (ii) comply with all the terms and conditions of Z-Wave Alliance's [Certificate of Incorporation](#), [Bylaws](#), and [Intellectual Property Rights Policy](#), (the applicant hereby acknowledging access to documents), each as from time to time amended, and such additional rules and policies as the Board of Directors and/or committees may from time to time adopt. The applicant certifies that it meets the conditions of Membership specified in the Bylaws.

Z-Wave Alliance may elect to avail itself of certain protections offered by the National Cooperative Research and Production Act of 1993, as amended, which requires disclosure of the names of all members of Z-Wave Alliance. Accordingly, the undersigned hereby appoints such person who shall be the Executive Director or Chairperson of Z-Wave Alliance, or any person designated by either officer, as the undersigned's true and lawful attorney-in-fact and authorizes him or her to (1) notify government agencies of the undersigned's membership in Z-Wave Alliance, (2) make, approve the form of, execute and deliver filings with government agencies on behalf of Z-Wave Alliance and on behalf of the undersigned as a member of Z-Wave Alliance indicating such membership, (3) receive notifications, including without limitation, notifications pursuant to the National Cooperative Research and Production Act on behalf of Z-Wave Alliance and on behalf of the undersigned as a member of Z-Wave Alliance, and (4) authorize and direct other officers of, and/or counsel to Z-Wave Alliance, to do any of the foregoing acts. Z-Wave Alliance will forward to the undersigned any notifications that it receives which are other than normal confirmations of filings and other administrative notices relating to all members.

Applicant Authorization:

Accepted:

(Print Applicant Company Full Legal Name)

Z-Wave Alliance Inc.

By: _____
(signature of authorized representative)

By: _____

Name: _____
(name of authorized representative)

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

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(If applicable) Member Related Company Authorization:

By signing below, the Member Company acknowledges that the Applicant is a Related Company to it. Check one:

- Voting rights will remain with the Member Company
- I am reassigning the voting rights to the Applicant.

Member Related Company Full Legal Name: _____

By: _____ Date: _____

(Signature of authorized representative)

Name: _____ Title: _____

Return the signed agreement to: administration@z-wavealliance.org