

Membership Update & Change Form

FieldComm Group

Thank you for providing FieldComm Group with updates and changes to your company's membership information. By providing us with accurate information, we are able to better assist you in a timely and effective manner. The information will ensure you receive pertinent information regarding our organization. Your information is used only for internal company purposes.

We strive to ensure that your information is as accurate and up to date as possible. Your changes will be made to our member database and on our website.

Use the Membership Update and Change Form to provide updates and changes to:

- Member Company Information
- Listed Affiliate Company Information
- Member Company Contacts
- Listed Affiliate Company Contacts
- Membership Dues Classification Tier

RETURN THE COMPLETED MEMBERSHIP UPDATE AND CHANGE FORM TO:

Membership Coordinator

FieldComm Group

Phone: +1-512-792-2300 - Ext. 1000

Fax: +1 512-792-2310

membership@fieldcommgroup.org

Company Address

9430 Research Blvd. Suite 1-120 Austin, Texas 78759 USA

Please contact me if you have any questions.

UPDATES AND CHANGES WERE MADE BY:

Name: Date:	
Phone:	Email:
COMPANY INFORMATION:	No Change
Company Name:	
Address of principal office:	
Accounts Payable Address for Invoices	: :
No Change Host/Control Systems Pressure Level Instruments Flow Instruments Analytical Physical Analog/Discrete I/O Couple Modems Power Calibrators Comm Process Indicators Wiring Other (please specify):	ure Instruments
CHANGED?	N / INSTRUMENTATION / CONTROL REVENUE provide the new information below.
Annual Estimated Automation Revenue	es: \$
Annual Membership Dues: \$	

See table on next page for Annual Membership Due tiers

Refer to the chart below to determine your Annual Membership Dues:

Member Classification	Automation Revenues A	Annual Membership Dues
Voting Member		
Automation Product Supplier	:	
Class A Member	Over \$2,500,000,000	\$100,000
Class B Member	\$1,500,000,000 - \$2,500,000,000	\$ 80,000
Class C Member	\$750,000,001 - \$1,500,000,000	\$ 60,000
Class D Member	\$250,000,001 - \$750,000,000	\$ 40,000
Class E Member	\$100,000,001 - \$250,000,000	\$ 16,500
Class F Member	\$20,000,001 - \$100,000,000	\$ 10,000
Class G Member	\$0 - \$20,000,000	\$ 5,000
End User/Cable Provider/Col	ntract Developer:	
Class H Member	N/A	\$ 1,500
Non-Voting Member		
Gov Agency/Research Organ	nization/Educational Institute:	
Associate Member	N/A	\$ 1,000

DEFINITIONS:

"Automation Revenues" shall mean operating revenues from the sale or license of industrial automation/instrumentation/control products by the applicant. If the applicant is a Juridical Person, the term "Automation Revenues" shall include operating revenues from the sale or license of industrial automation/instrumentation/control products by the Affiliates listed on this Membership application form.

Clarification: The definition is intended to cover automation computers, DCS Systems, PLCs and many other types of hosts used for control, monitoring, reporting, alarming etc., of a process. It would also include sensors, transmitters, analytical devices, switches, peripheral attachments such as terminators, etc., regardless of communication protocol.

Also included would be such final element devices as actuators, positioners, control valves and other devices used to actuate control in a process. Processes meant to be included are all continuous, batch and discrete manufacturing including motion control. It would not include motors (except those used to drive actuators) switchgear, motor starters or non-related devices such as these.

"Juridical Person" shall mean any entity that is a domestic or foreign corporation, limited liability company, whether domestic or foreign, partnership, limited partnership or other legal entity, whether domestic or foreign.

"Listed Affiliate" shall mean any person or entity that directly or indirectly controls, is controlled by, or is under common control with, such Juridical Person. Control shall mean (a) ownership, directly or indirectly, of fifty percent (50%) or more of the voting equity of such an entity or (b) the power to direct the policies and management of an entity by the ownership of stock or by agreement.

MEMBER CONTACTS:

	ONTACT – The Management Contact is a person of a higher level of member company. This person would ordinarily only be contacted Contact is unavailable or a question arises which requires a person with a ority.
☐ No Change	☐ Change (Fill Out Form)
Name:	Title:
Street:	
City:	
State/Province:	Country:
Postal Code:	
Phone:	Fax:
Email:	
	res all marketing communications which includes <i>Hot Off the Wire</i> ress releases, and other general news releases or promotional opportunities. Change (Fill Out Form)
Name:	Title:
Name: Street:	Title:
Street: City:	Title:
Street: City: State/Province:	Title: Country:
Street: City: State/Province: Postal Code:	Country:
Street: City: State/Province: Postal Code: Phone:	
Street: City: State/Province: Postal Code:	Country:
Street: City: State/Province: Postal Code: Phone: Email: OTING CONTAC FieldComm Group	Fax: T - The Voting Contact is authorized by the member company to vote in elections or other business as necessary. Consequently, the voting contact voting package in advance of the annual elections held during the General
Street: City: State/Province: Postal Code: Phone: Email: OTING CONTAC TieldComm Group eceives the proxy assembly Business	Fax: T - The Voting Contact is authorized by the member company to vote in elections or other business as necessary. Consequently, the voting contact voting package in advance of the annual elections held during the General is Meeting.
Street: City: State/Province: Postal Code: Phone: Email: OTING CONTAC TieldComm Group eceives the proxy assembly Business	Fax: T - The Voting Contact is authorized by the member company to vote in elections or other business as necessary. Consequently, the voting contact voting package in advance of the annual elections held during the General is Meeting.
Street: City: State/Province: Postal Code: Phone: Email: OTING CONTACTIVE CO	Country: Fax: Fax:
Street: City: State/Province: Postal Code: Phone: Email: OTING CONTACTIVE CO	Country: Fax: Fax:
Street: City: State/Province: Postal Code: Phone: Email: OTING CONTAC TieldComm Group ecceives the proxy assembly Business No Change Name: Street:	Country: Fax: Fax:
Street: City: State/Province: Postal Code: Phone: Email: OTING CONTAC TieldComm Group eceives the proxy assembly Business No Change Name: Street: City: State/Province: Postal Code:	Country: Fax: Fax:
Street: City: State/Province: Postal Code: Phone: Email: /OTING CONTAC FieldComm Group eceives the proxy assembly Business No Change Name: Street: City: State/Province:	Country: Fax: Fax:

MEMBER CONTACTS: (Continued)

	ACT - The Marketing Contact receives all marketing communications which
	Vire announcements, press releases, and other general news releases or
promotional opportun	ties.
☐ No Change	☐ Change (Fill Out Form)
Name:	Title:
Street:	
City:	
State/Province:	Country:
Postal Code:	
Phone:	Fax:
Email:	
	CT - The Engineering/Technical Contact receives announcements eases or updates and limited download opportunities. Change (Fill Out Form)
Name:	Title:
Street:	
City:	
State/Province:	Country:
Postal Code:	
Phone:	Fax:
Email:	
	- The Invoice Contact receives communication when the Group needs cern which cannot be resolved by the Primary Contact. Change (Fill Out Form)
Name:	Title:
Street:	1.55
City:	
State/Province:	Country:
Postal Code:	1 3041.47.
	Fax:
Phone: Email:	Fax:

LISTED AFFILIATE COMPANIES: ☐ Add Delete ☐ Change (Fill Out Form) Affiliate Company Name: Contact Name: Street: City: State/Province: Country: Postal Code: Phone: Fax: Email: ■ Add Delete ☐ Change (Fill Out Form) Affiliate Company Name: Contact Name: Street: City: State/Province: Country: Postal Code: Phone: Fax: Email: ☐ Add ☐ Change (Fill Out Form) ☐ Delete Affiliate Company Name: Contact Name: Street: City: State/Province: Country: Postal Code: Phone: Fax: Email: ☐ Add Delete ☐ Change (Fill Out Form) Affiliate Company Name: Contact Name: Street: City: State/Province: Country: Postal Code: Phone: Fax:

ADD ADDITIONAL SHEETS IF NECESSARY

Email: