

NEW MEMBER APPLICATION FORM – Subsidiary/Business Unit

(Please print or type)

Name: _____

Title: _____

Company: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Email: _____

Website: _____

Position Reports to: _____

1) I am:

- a full-time employee of a U.S. corporation or an international corporation traded on the New York Stock Exchange, NASDAQ or any US equivalent stock exchange. Yes No
- a General Patent Counsel (or equivalent) OR a Co-Counsel in event of no General Patent Counsel or Head (or equivalent) of a Patent Department. Yes No
- a member of the U.S. patent bar* Yes No
- **not** an employee at a university or LLC (check yes if this statement is true) Yes No
- able to attend the Winter and Summer meetings on a regular basis Yes No

If you selected no for any of the above, please explain: _____

**If you are not a member of the patent bar, you may still be eligible for membership. Please submit your completed application to info@acpcnet.org and inform them you are not a member of the bar but would like to become a member of ACPC.*

2) The department which you (applicant) head includes all of the following:

- Has a total of 3 or more patent lawyers and agents Yes No
 - If true, provide number of Patent Attorneys _____ and Patent Agents _____
- Files at least 25 priority patent applications in a calendar year Yes No
- Has a total world-wide revenue of at least \$2,000,000,000 Yes No

3) Does your company have an affiliate(s) who is an active member of ACPC? Yes No

("Affiliate(s)" means a company (including a division) in which applicant's company owns or controls more than 50% of the stock or has controlling interest, or a company that owns or controls more than 50% of the stock of, or has a controlling interest in, applicant's company.)

If yes,

(a) what are the names of the affiliate(s) and regular member(s)?

(b) are the affiliate's financial results consolidated in SEC Form 10-K Report with the financial results of your company? Yes No

(c) do you report to the active member(s)? Yes No

(i) administratively? Yes No

(ii) functionally? Yes No

(d) does the active member(s) evaluate your performance? Yes No

(e) does the active member(s) have an input to your compensation? Yes No

(f) does the active member(s) report to you? Yes No

(i) administratively? Yes No

(ii) functionally? Yes No

4) Does your company have a parent organization that has a chief patent counsel? Yes No

If so, what is the parent organization? _____

5) Year you were registered to practice before the USPTO: _____ Registration No. _____

6) Other bar memberships (state and federal): _____

7) Other relevant information: _____

8) Please include the following information regarding your Administrative Assistant:

Name: _____

Telephone: _____

Email: _____

9) Referring ACPC Member (for Business Unit Applicant): _____

By participating in ACPC meetings, you agree that ACPC may photograph your participation in this program and you hereby release any such photographs to ACPC for use in its programs, publications, and purpose. If you would prefer not to be included in photographs or have concerns, please email info@acpcnet.org.

I have read the ACPC membership requirements (www.acpcnet.org) and believe I am eligible for and hereby apply for membership in ACPC.

Signed: _____ Date: _____

Please complete and return to:

The Association of Corporate Patent Counsel
info@acpcnet.org

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