

## REGULAR MEMBER APPLICATION FORM

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Reports to: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**1. I meet the following Regular Membership Requirements:**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| • Professionally qualified in the patent profession  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Shall occupy the position of General Patent Counsel (or equivalent), Co-Counsel in the event of no General Patent Counsel, or Head (or equivalent) of a Patent Department                      | <input type="checkbox"/> | <input type="checkbox"/> |
| • A full time employee of:   | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) a corporation organized under the laws of the United States  |                          |                          |
| <u>OR</u>  |                          |                          |
| (b) a public corporation organized under the laws of a country other than the United States and whose stock is traded on the New York Stock Exchange, NASDAQ or any US equivalent stock exchange |                          |                          |
| • Holds one or more patents for purposes of the operation of the business of the corporation   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Able to attend ACPC meetings on a regular basis  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Agree to pay annual dues   | <input type="checkbox"/> | <input type="checkbox"/> |

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

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**2. Do you fall under any of the following descriptions:**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| <p><u>Subsidiary:</u> I meet the Regular member requirements, but my corporation employer is a subsidiary of another corporation which has an existing Regular member of ACPC. In addition, there is no direct or indirect reporting relationship between the myself and the parent corporation's Regular member.</p>           | <input type="checkbox"/> | <input type="checkbox"/> |
| <p><u>Business Unit:</u> I am part of a corporation that has multiple business units <u>and</u> there is already an existing Regular member of ACPC. I also hold the role of General Patent Counsel (or equivalent) or Head (or equivalent) of a Patent Department for a business unit of the Regular member's corporation.</p> | <input type="checkbox"/> | <input type="checkbox"/> |

**IF YOU SELECTED 'YES' TO EITHER STATEMENT,  
PLEASE COMPLETE THE SUBSIDIARY/BUSINESS UNIT APPLICATION INSTEAD**

**IF YOU SELECTED 'NO', PLEASE CONTINUE TO PAGE 2**

**REGULAR MEMBER APPLICATION FORM CONTINUED**

**3. Please include the following information regarding your Administrative Assistant:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**4. Please include the name of the person who referred you to ACPC (if applicable):**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

*I understand that my membership may be terminated by written resignation at any time, but resignation shall not relieve me from my obligations to pay outstanding dues, assessments, and other sums due to the Association at the date of resignation. My regular membership shall be terminated automatically for: (a) failure to pay any dues or assessment within six months of the mailing of written notice thereof; (b) a change in status whereby I am no longer qualified under the provisions of the regular member requirements; or (c) unexcused failure to attend in person or by proxy three consecutive regular meetings of the Association.*

*Attendance of a member by proxy is limited to an otherwise qualified attorney or agent who is his or her assistant in command at their corporation or holds a position in the next lower level of supervision, when it is not reasonably practicable for the member to attend; in such cases, the member shall notify the Executive Office Secretary of his or her absence and the designation of his or her proxy prior to the date of the meeting.*

*I understand that membership of any member may be terminated by a majority vote of the Executive Committee based on professional misconduct, failure to satisfy the requirements of these by-laws, or other conduct that is unbecoming of a member of the patent profession or otherwise negatively affects the reputation or operation of the Association.*

*By participating in ACPC meetings, I agree that ACPC may photograph my participation in this program and I hereby release any such photographs to ACPC for use in its programs, publications, and purpose.*

**I have read the ACPC membership requirements and believe I am eligible for and hereby apply for membership in ACPC.**

\_\_\_\_\_  
Print

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date

**Please complete and return to:**