

# SCALA CENTER

## Membership Agreement

On completion in full, please sign and send a copy of this agreement in PDF form by email to darja.jovanovic@epfl.ch, and a countersigned copy of this agreement and an invoice will be returned to you by email for your records and payment.

**Firm Name:** \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Representative Name:** \_\_\_\_\_

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

Phone number: \_\_\_\_\_

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

(all voting, legal and financial notices from The Scala Center to the member will be sent to this email address.)

**Accounts Payable Contact Name:** \_\_\_\_\_

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

Phone number: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate acceptable method(s) for receiving invoices:

PDF via email  E-mail address for invoices: \_\_\_\_\_

Hard copy  Mailing address: \_\_\_\_\_

**Marketing Contact Name:** \_\_\_\_\_

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

Phone number: \_\_\_\_\_

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

**Legal Contact Name:** \_\_\_\_\_

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

Phone number: \_\_\_\_\_

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

**Please check off your desired Membership class.**

Class	Annual Membership Fee
<input type="checkbox"/> Advisory Board	50,000 CHF per year
<input type="checkbox"/> Affiliate	15,000 CHF per year

By signing below, the applicant acknowledges and agrees that, when signed and accepted by The Scala Center, this application represents a binding contract between the parties and commits the applicant to (i) payment of annual Membership dues and fees, and (ii) comply with all the terms and conditions of The Scala Center's Member Regulations (the applicant hereby acknowledging its access to these documents).

Applicant Authorization:  
\_\_\_\_\_  
(Print Firm Name)

By: \_\_\_\_\_  
(signature)

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

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

Date: \_\_\_\_\_

Accepted:  
THE SCALA CENTER

By: \_\_\_\_\_  
(signature)

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

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

Date: \_\_\_\_\_