



MEMBERSHIP FORM

Please indicate whether New Application Renewal Change

MEMBERSHIP INFORMATION

Company Name: _____

Company Representative: _____ (Primary Contact)

Title/Position: _____

Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

E-mail: _____

Web Address: _____

Company Representative: _____ (Technical Contact)

Title/Position: _____

Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

E-mail: _____

Web Address: _____

List your company name on member web page? Yes No

Provide link to your Website? Yes No

Have you been a PODS Association member previously? Yes No

INDICATE INDUSTRY / CATEGORY (choose only one)

Energy Software Provider Government

Service Provider Data Provider Consulting

Other _____

_____ Miles of pipeline (operator members)

Please describe your involvement in the pipeline industry: _____

ANNUAL MEMBERSHIP OPTIONS

- Pipeline Operator - Corporate \$3,000 US (8 individual members)
- Vendor/Service Provider - Corporate \$1,000 US (8 individual members)
- Association \$1,000 US (4 individual members)
- Government/Municipality \$500 US (4 individual members)

AGREEMENT

I acknowledge that:

- I. any member of the PODS Association who contributes to the creation or improvement of the industry standard model from time to time, as a condition of membership:
 - A. agrees to the terms of the attached association by-laws;
 - B. assigns non-exclusive rights to any proprietary interest or intellectual property interest it may have in its contribution to the Model;
 - C. waives all moral rights in favor of the PODS Association, its successors and assigns;
 - D. notwithstanding the above, all information and/or data submitted, marked confidential, and not incorporated into the Model, shall be held confidential by the PODS Association, and shall not be available for view or use outside of the PODS Association, without prior consent of the member who submitted such information and/or data.
- II. the PODS Association shall have no liability of any nature and kind to the member for any use made by the member of any standard or other deliverables, which use is at the sole risk, expense, and liability of the member;
- III. any member who resigns, withdraws or is expelled from the Association shall forthwith forfeit all right, claim and interest arising from or associated with membership in the Association, and
- IV. If a new member application, I have read and agree to the attached PODS Association by-laws. If renewing, I understand that by signing this document I agree that the terms of the PODS License Agreement remains in effect until our membership is terminated in writing.

Signature: _____ Title: _____

Name: _____ Date: _____
(Please Print)

PAYMENT OPTIONS (Do not send cash or money orders)

Send this form along with your check to: **PODS Association Inc.**
P. O. Box 1726
Sand Springs, OK 74063

PODS Association Inc. Federal ID # 84-157242

For more information on PODS Association membership contact:

Sheila Wilson, Executive Director
(866) 460-7637 (PODS)
sheila.wilson@pods.org.

Thank you for supporting the Pipeline Open Data Standard.

LISTED MEMBER #3

Name: _____
Title/Position: _____
Company: _____
Address: _____

City: _____ State: _____
Zip/Postal Code: _____ Country: _____
Phone: _____ Fax: _____
E-mail: _____

LISTED MEMBER #4

Name: _____
Title/Position: _____
Company: _____
Address: _____

City: _____ State: _____
Zip/Postal Code: _____ Country: _____
Phone: _____ Fax: _____
E-mail: _____

LISTED MEMBER #5

Name: _____
Title/Position: _____
Company: _____
Address: _____

City: _____ State: _____
Zip/Postal Code: _____ Country: _____
Phone: _____ Fax: _____
E-mail: _____

LISTED MEMBER #6

Name: _____
Title/Position: _____
Company: _____
Address: _____

City: _____ State: _____
Zip/Postal Code: _____ Country: _____
Phone: _____ Fax: _____
E-mail: _____

LISTED MEMBER #7

Name: _____

Title/Position: _____

Company: _____

Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

E-mail: _____

LISTED MEMBER #8

Name: _____

Title/Position: _____

Company: _____

Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

E-mail: _____