**To Join the Zigbee Alliance, Inc.:**

1. Complete the Participant/Adopter Agreement and Registration Forms in full.
2. Scan and e-mail the completed forms to Zigbee Alliance Support Services: Help@zigbee.org

**Company Information**

|  |  |
| --- | --- |
| **Company Name:**  | Click here to enter text. |
| **Ecosystem Category:**  | **Business Focus: (one for each category)****Semiconductor****Original equipment Manufacturer (OEM)/ Service Provider****Design House/ Services****Zigbee Stack****Tools (HW/SW)****Hardware/ Modules****Utility/ Energy Providers****Installer/ Distributor** | **Primary**[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | **Secondary**[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |
| **Market Focus:**  | **Building Automation****Energy Management****Home Automation****Telecom Services****Consumer Electronics****Healthcare****Retail Services****Other** | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |
| **Company Address:**  | **Street Address:** Click here to enter text.**City, State, Postal Code & Country:** Click here to enter text. |
| **Zigbee Products/ Services Available:**  | **Americas**[ ]  | **Asia/Pacific**[ ]  | **Europe/ME/Africa**[ ]  |
| **Preferred URL:**  | Click here to enter text. |
| **Company Description:**  | Click here to enter text. |

**Interest in Joining:** Please share your reasons for joining the Zigbee Alliance. Check all that apply or indicate Other.

[ ]  To access information in order to develop Zigbee-based products.

[ ]  To gain technical expertise in Zigbee standards.

[ ]  To participate in work groups and contribute to the development of Zigbee Standards and Specifications.

[ ]  To vote on standards approvals.

[ ]  To gain early access to Zigbee standards in order to get to market early.

[ ]  To participate in marketing activities such as trade shows.

[ ]  To attend Alliance testing and interop events.

[ ]  To stay informed of Alliance standards and development efforts.

[ ]  To certify products.

[ ]  To connect with other Alliance members for business purposes.

[ ]  To demonstrate expertise in wireless product development.

[ ]  Other (please specify)

**Primary** Contact Information: (Individual to whom we should direct all correspondence)

Organization Name: Click here to enter text.

Contact First Name: Click here to enter text. Last Name: Click here to enter text.

Job Title: Click here to enter text.

Street Address: Click here to enter text.

Address Line 2: Click here to enter text.

City: Click here to enter text. State/Province: Click here to enter text.

Postal Code: Click here to enter text. Country: Click here to enter text.

Phone: Click here to enter text. Fax: Click here to enter text.

E-mail Address: Click here to enter text.

Billing Contact Information: (If different from Primary Contact)

Contact First Name: Click here to enter text. Last Name: Click here to enter text.

Job Title: Click here to enter text.

Street Address: Click here to enter text.

Address Line 2: Click here to enter text.

City: Click here to enter text. State/Province: Click here to enter text.

Postal Code: Click here to enter text. Country: Click here to enter text.

Phone: Click here to enter text. Fax: Click here to enter text.

E-mail Address: Click here to enter text.

Legal Contact Information: (If different from Primary Contact)

Contact First Name: Click here to enter text. Last Name: Click here to enter text.

Job Title: Click here to enter text.

Street Address: Click here to enter text.

Address Line 2: Click here to enter text.

City: Click here to enter text. State/Province: Click here to enter text.

Postal Code: Click here to enter text. Country: Click here to enter text.

Phone: Click here to enter text. Fax: Click here to enter text.

E-mail Address: Click here to enter text.

Technical Contact Information:

Contact First Name: Click here to enter text. Last Name: Click here to enter text.

Job Title: Click here to enter text.

Street Address: Click here to enter text.

Address Line 2: Click here to enter text.

City: Click here to enter text. State/Province: Click here to enter text.

Postal Code: Click here to enter text. Country: Click here to enter text.

Phone: Click here to enter text. Fax: Click here to enter text.

E-mail Address: Click here to enter text.

Public Relations Contact Information:

Contact First Name: Click here to enter text. Last Name: Click here to enter text.

Job Title: Click here to enter text.

Street Address: Click here to enter text.

Address Line 2: Click here to enter text.

City: Click here to enter text. State/Province: Click here to enter text.

Postal Code: Click here to enter text. Country: Click here to enter text.

Phone: Click here to enter text. Fax: Click here to enter text.

E-mail Address: Click here to enter text.

Marketing Contact Information:

Contact First Name: Click here to enter text. Last Name: Click here to enter text.

Job Title: Click here to enter text.

Street Address: Click here to enter text.

Address Line 2: Click here to enter text.

City: Click here to enter text. State/Province: Click here to enter text.

Postal Code: Click here to enter text. Country: Click here to enter text.

Phone: Click here to enter text. Fax: Click here to enter text.

E-mail Address: Click here to enter text.

Type and Annual Dues: (*Fees apply for 12 months from date of registration)*

[ ]  Participant – USD $15,000.

[ ]  Adopter – USD $7,000.

Payment Options: *(Please make checks or purchase orders payable to Zigbee Alliance, Inc.)*

[ ]  Check

[ ]  Please Invoice; Purchase Order Number: Click here to enter text.

[ ]  Wire Transfer *(****All wire fees should be paid by the originator****)*

Intent to Join the Zigbee Alliance, Inc.:

*This Registration Form is an offer by Applicant to become an associate of the Zigbee Alliance, Inc. as set forth below. By executing this Registration Form, Applicant agrees to be bound by the terms and conditions set forth in the Member Agreement, the Bylaws, IPR Policy, Antitrust Guidelines of the Zigbee Alliance and any Zigbee Alliance policies, as may be duly amended from time to time. Dues are set forth above and are based on the Applicant’s eligibility.*

Authorized Individual’s Name: Click here to enter text. Title: Click here to enter text.

Signature: Date: Click here to enter a date.