

## **RETIRED MEMBER APPLICATION FORM**

Name:	Address:			
City, State, Zip:	Telephone:			
Email:	Website:			
1) I meet the following requirements for	retired membership:			
<ul> <li>I am a Former Regular or Emeritus Me Company under which you previously</li> </ul>	_	Yes 🗖	No 🗖	
I do not receive income from employm	nent.	Yes 🗖	No 🗆	
■ I am committed to attending ACPC me	etings at the regular member rate.	Yes 🗖	No 🗖	
If you selected no for any of the above, ple	ase explain:			
you are not current:				
3) Please include the following informat (for those transferring from regular me				
Name:	Title:			
Company:	Address:			
City, State, Zip:	Telephone:			
Email:	Website:			
Position Reports to:				
4) Other relevant information:				

I understand that by completing the above application, I agree that I meet the retired membership requirements. Should my membership status change where I fall into another ACPC membership category, I agree that I have the obligation to notify the ACPC Executive Committee in a timely manner. I understand that approval of my application is subject to the ACPC Executive Committee's approval.

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. If you would prefer not to be included in photographs or have concerns, please email <a href="mailto:info@acpcnet.org">info@acpcnet.org</a>.

I understand the requirements for ACPC Retired Membership and believe I am eligible for and hereby apply for retired membership in ACPC.

Signed:		Date:	
Please complete and return to: The Association of Corporate Patent Counsel	136 Everett Road		P· 952-646-2036

Albany, NY 12205

F: 952-545-6073

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