

## ASSOCIATION OF CORPORATE PATENT COUNSEL

## **NEW MEMBER APPLICATION FORM – Subsidiary/Business Unit**

(Please print or type)			
Name:			
Title:			
Company:			
Address:			
City, State, Zip:			
Telephone:	Fax:		
Email:	Website:		
Position Reports to:			
on the New York Stock Exchange, NASDA	check yes if this statement is true) meetings on a regular basis	Yes	No
*If you are not a member of the patent bar, you ma			
<u>info@acpcnet.orq</u> and inform them you are not a m	nember of the bar but would like to become a	member o	f ACPC.
2) The department which you (applicant) hea	d includes all of the following:		
<ul> <li>Has a total of 3 or more patent lawyers a</li> </ul>	•	Yes 🗖	No 🗖
	ent Attorneys and Patent Agents _		_
<ul> <li>Files at least 25 priority patent application</li> </ul>	•	Yes 🗆	No 🗆
<ul> <li>Has a total world-wide revenue of at least</li> </ul>	st \$2,000,000,000	Yes $\square$	No 🛘
3) Does your company have an affiliate(s) wh	o is an active member of ACPC?	Yes $\square$	No 🗖
("Affiliate(s)" means a company (including a division) in whe company that owns or controls more than 50% of the stock			or has controlling interest, or c

	If yes, (a) what are the names of the affiliate(s) and regular member(s)?				
	(b) are the affiliate's financial results consolidated in SEC Form 10-K Report with the company?	e financial Yes $\square$	results of your		
	<ul><li>(c) do you report to the active member(s)?</li><li>(i) administratively?</li><li>(ii) functionally?</li></ul>	Yes  Yes  Yes	No   No   No   No		
	<ul><li>(d) does the active member(s) evaluate your performance?</li><li>(e) does the active member(s) have an input to your compensation?</li><li>(f) does the active member(s) report to you?</li><li>(i) administratively?</li><li>(ii) functionally?</li></ul>	Yes	No		
4)	Does your company have a parent organization that has a chief patent counsel?	Yes 🗖	No 🗆		
	If so, what is the parent organization?				
5)	ear you were registered to practice before the USPTO: Registration No				
6)	Other bar memberships (state and federal):				
7)	Other relevant information:				
 8)	Please include the following information regarding your Administrative Assistant:  Name:				
	Telephone:				
	Email:				
9)	Please include the name of the person who referred you to ACPC:  Name:				
	Telephone:				
	Email:				
hei	participating in ACPC meetings, you agree that ACPC may photograph your participe beby release any such photographs to ACPC for use in its programs, publications, and be included in photographs or have concerns, please email info@acpcnet.org.				
	ave read the ACPC membership requirements ( <a href="www.acpcnet.org">www.acpcnet.org</a> ) and believe I an membership in ACPC.	n eligible fo	or and hereby apply		
Sig	ned: [	Date:			

Please complete and return to: