

To : iVDR Consortium

FAX : +81-584-64-3943

iVDR Consortium Application Form

We intend to register our name as a member of the iVDR Hard Disk Drive Consortium.

Note: Only apply if you have read and agree to the Terms and Conditions of Application (see below).

Please write in BLOCK CAPITALS in ink.

Date _____

Membership Type Executive Member General Member *Please check one.

Company _____ * This will be added to the list of members on our website.

Mr. / Ms. / ()
Contact Name _____

Position _____

Department _____

Full mailing Address _____

Phone _____ Fax _____

E-mail _____

Company website English http:// Japanese http:// * This will be added to the list of members on our website.

Year Established _____ Number of Employee _____

Capital stock _____

Business Summary _____

Primary Product or Service _____

Parent Company Name (if any) _____