



MEMBER APPLICATION FORM

Company information:

Company name

Address

State/Province

Website

Company size

Sector

City

Zip/Post code

Country

Phone number

Contact information:

Contact Name

Title

Email address

Department

Phone number

Billing information:

Contact Name

Title

Email address

Department

Phone number

Company products/services:

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Interest in light communications:

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MEMBERSHIP AGREEMENT

IN WITNESS WHEREOF, THE MEMBER ACCEPTS THE CONDITIONS OF THE LCA ARTICLES

LIGHT COMMUNICATION ALLIANCE (or LCA)	MEMBER : General Member <input type="checkbox"/> Contributor Member <input type="checkbox"/> Strategic Member <input type="checkbox"/>
<u>By :</u> <u>Title :</u>	<u>Company :</u> <u>By :</u> <u>Title :</u>
<u>Address :</u> 9 rue du Laboratoire L1911 Luxembourg	<u>Address :</u>
<u>Date :</u> <u>Signature :</u>	<u>Date :</u> <u>Signature :</u>
<input type="checkbox"/> <i>Please indicate by ticking the box on the left that you agree for the Light Communications Alliance to process your data for the purposes of membership and to communicate with you on relevant topics. Please note, if you do not agree, then the Light Communications Alliance will be unable to process your application and your data will be deleted.</i>	

This signed document will be accompanied by the [LCA Bylaws 201907.pdf](#) and indicates that the member has read and agreed to the Articles of the Light Communications Alliance, dated 10 April 2019.