



Full-Board Membership Application

Note: Please download this PDF to your hard drive before entering data or the information may be lost.

SECTION 1 Joining Board Information (*indicates required information)

Company Name:* _____

Company Address:* _____

City:* _____ State/Province:* _____ Zip/Postal Code:* _____ Country: _____

Type:* Public Private Nonprofit Cooperative If Private, check one: Family Non-Family

Exchange:* Nasdaq NYSE None Other: _____

Ticker Symbol: _____ Website: _____ Revenue:* _____

Market Capitalization:* Micro-Cap to Small-Cap (<\$2B) Mid-Cap (from \$2B to \$10B) Large-Cap to Mega-Cap (>\$10B)

Industry (select from the choices below):*

- | | | |
|---------------------------------------|---------------------------------|---------------------------------------|
| Advertising and Marketing | Government | Nonprofit |
| Aerospace and Defense | Healthcare | Outsourcing |
| Automotive | Hospitality | Pharmaceuticals and Biotechnology |
| Banking | Household and Personal Products | Professional Services |
| Building Materials, Glass | Industrial and Farm Equipment | Publishing and Printing |
| Chemicals | Information Technology | Real Estate |
| Computer Software and Services | Insurance | Retail |
| Computers, Equipment, and Peripherals | Internet Services and Retailing | Semiconductors/Electronics Components |
| Consumer Products | Legal | Sporting Goods |
| Education | Manufacturing | Telecom and Networking |
| Electronics, Electrical Equipment | Medical Products and Equipment | Transportation and Logistics |
| Energy and Utilities | Media and Entertainment | Waste Management |
| Engineering | Metals | Wholesale |
| Financial Services | Military | Other: _____ |
| Food and Beverage | Natural Resources | |

NACD may use your company's name and logo in promotional materials identifying member organizations committed to advancing exemplary board leadership. NACD may send you communications regarding the benefits of your membership.

SECTION 2 Full-Board Roster Information (*indicates required information)

Your NACD Full-Board Membership should include all directors and any key executives of your choosing. It is critical that you provide accurate and complete information for all members submitted on this roster (board leaders, directors, key executives, and any others) so that they can receive the full level of customized benefits available.

Complete the required information on the next few pages for each member you wish to include on your roster. If there is not enough space offered on this application, please attach the names of additional members on a separate sheet of paper and include all the same information.

NACD believes in protecting the privacy of our members, and safeguarding personal information is of the highest priority. The information included on this application will be kept strictly confidential and will not be sold, reused, rented, loaned, or otherwise disclosed.

Full-Board Roster Information *(*indicates required information)*

1. Prefix:* Mr. Mrs. Ms. Miss Dr. Honorable
First Name:_____ MI:_____ Last Name:*_____
Suffix:_____ Preferred Name:*_____
Preferred Address *(NACD Directorship magazine will be sent here):**_____
City:*_____ State/Province:*_____ Zip/Postal Code:*_____ Country:_____
Phone:*_____ Fax:*_____ Address Listed is:* Home Work
Preferred E-Mail *(this will be your NACD User Name):**_____
Work Company Name *(this is the member's employer, if applicable):*_____
Work Company Title:_____
Active Director on Joining Board:* Yes No
Roles Served on Joining the Board *(check all that apply):**
Chairman of the Board Audit Committee Chair Audit Committee Member General Counsel
Lead Director Compensation Committee Chair Compensation Committee Member Corporate Secretary
Director Nominating/Governance Committee Chair Nominating/Governance Committee Member C-Suite Officer
Chief Executive Officer Risk Committee Chair Risk Committee Member Other:_____
Additional Boards Served On and Role:_____

2. Prefix:* Mr. Mrs. Ms. Miss Dr. Honorable
First Name:_____ MI:_____ Last Name:*_____
Suffix:_____ Preferred Name:*_____
Preferred Address *(NACD Directorship magazine will be sent here):**_____
City:*_____ State/Province:*_____ Zip/Postal Code:*_____ Country:_____
Phone:*_____ Fax:*_____ Address Listed is:* Home Work
Preferred E-Mail *(this will be your NACD User Name):**_____
Work Company Name *(this is the member's employer, if applicable):*_____
Work Company Title:_____
Active Director on Joining Board:* Yes No
Roles Served on Joining the Board *(check all that apply):**
Chairman of the Board Audit Committee Chair Audit Committee Member General Counsel
Lead Director Compensation Committee Chair Compensation Committee Member Corporate Secretary
Director Nominating/Governance Committee Chair Nominating/Governance Committee Member C-Suite Officer
Chief Executive Officer Risk Committee Chair Risk Committee Member Other:_____
Additional Boards Served On and Role:_____

3. Prefix:* Mr. Mrs. Ms. Miss Dr. Honorable
First Name:_____ MI:_____ Last Name:*_____
Suffix:_____ Preferred Name:*_____
Preferred Address *(NACD Directorship magazine will be sent here):**_____
City:*_____ State/Province:*_____ Zip/Postal Code:*_____ Country:_____
Phone:*_____ Fax:*_____ Address Listed is:* Home Work
Preferred E-Mail *(this will be your NACD User Name):**_____
Work Company Name *(this is the member's employer, if applicable):*_____
Work Company Title:_____
Active Director on Joining Board:* Yes No
Roles Served on Joining the Board *(check all that apply):**
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Director Nominating/Governance Committee Chair Nominating/Governance Committee Member C-Suite Officer
Chief Executive Officer Risk Committee Chair Risk Committee Member Other:_____
Additional Boards Served On and Role:_____

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City:*_____ State/Province:*_____ Zip/Postal Code:*_____ Country:_____
Phone:*_____ Fax:*_____ Address Listed is:* Home Work
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Work Company Name (this is the member's employer, if applicable):_____
Work Company Title:_____
Active Director on Joining Board:* Yes No
Roles Served on Joining the Board (check all that apply):*
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Phone:* _____ Fax:* _____ Address Listed is:* Home Work
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Work Company Name *(this is the member's employer, if applicable):* _____
Work Company Title: _____
Active Director on Joining Board:* Yes No
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Phone:*_____ Fax:*_____ Address Listed is:* Home Work
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Work Company Title:_____
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Phone:*_____ Fax:*_____ Address Listed is:* Home Work
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Work Company Name (this is the member's employer, if applicable):_____
Work Company Title:_____
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Chief Executive Officer Risk Committee Chair Risk Committee Member Other:_____
Additional Boards Served On and Role:_____

Full-Board Roster Information *(*indicates required information)*

SECTION 3 Assignment of Primary Contact *(*indicates required information)*

From the roster of members in Section 2 for this Full-Board Membership, please designate one person to be the primary contact. This primary contact will be the individual to receive correspondence regarding roster changes, payment confirmations, and renewal.

Full Name:* _____

Address for membership-related correspondence:* _____

E-mail:* _____ Phone:* _____

SECTION 4 Schedule Your Complimentary Board-Governance Consultation

If you are interested in a complimentary consultation to learn more about NACD's premium offerings, including custom in-boardroom education, board evaluation engagements, and board composition and succession planning, please contact BoardServices@NACDOnline.org, or provide the pertinent contact information below so we may schedule time to discuss your board's custom needs.

Name: _____ Title: _____ Phone: _____

Role: _____ E-mail: _____

SECTION 5 Board-Meeting Schedule

Please list your board-meeting dates for the next 12 months so your board's NACD Membership Advisor can provide timely resources.

_____	_____
_____	_____

SECTION 6 Full-Board Membership Annual Dues Investment *(*indicates required information)*

Dues cover NACD membership for 12 months for each member of the roster (unless enrolling in multiyear membership where dues cover 24 or 36 months, locked in at the current rate.) The renewal date will be on the anniversary of the board's join date.

Total # of directors on roster* = _____

Total # of key executives (non-directors) on roster* = _____

See payment worksheet below to calculate dues amount. Payment must be received with this application to activate the membership.

Payment Method:* Check Visa MC Amex

If paying by credit card, all of the following information is required.

Credit Card Number:* _____

Cardholder Name:* _____

Expiration Date (mm/yyyy):* _____ CCV Code:* _____

Signature and Date (mm/dd/yyyy):* _____

Full-Board Membership Payment Worksheet

Provides NACD membership for up to 10 individuals on the board membership roster (directors and senior executives) of public, private, and nonprofit organizations.

Public and Private Full Boards

- Annual membership for up to 10 directors and executives: \$8,500
- For additional directors or executives (11-15): \$850 each
- For additional directors or executives (16+): \$550 each

Nonprofit Full Boards

- Annual membership for up to 10 directors and executives: \$8,500
- For additional directors or executives (11+): \$300 each

Updated as of August 2018