

# **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 I	NYSE None	Other:	
Ticker Symbol:W	/ebsite:	Revenu	ıe:*
Market Capitalization:* Micro-C	Cap to Small-Cap (<\$2B)	Mid-Cap (from \$2B to \$10B)	Large-Cap to Mega-Cap (>\$10B)
Industry (select from the choices b Advertising and Marketing Aerospace and Defense Automotive Banking Building Materials, Glass Chemicals Computer Software and Service Computers, Equipment, and Per Consumer Products Education Electronics, Electrical Equipmen Energy and Utilities Engineering Financial Services Food and Beverage	Government Healthcare Hospitality Household ar Industrial and Information T s Insurance ipherals Internet Servi Legal Manufacturin	Id Personal Products Professi Farm Equipment Publishi echnology Real Est. Retail ces and Retailing Semicor g Telecom ucts and Equipment Transpo tertainment Waste M Wholesa Other:_	rcing ceuticals and Biotechnology onal Services ng and Printing ate nductors/Electronics Components g Goods and Networking rtation and Logistics Management

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	Inform	ation (*	indicates re	equired inform	mation)				
1. Prefix:*	Mr.	Mrs.	Ms.	Miss	Dr.	Honorable				
First Name:					MI:	Last Name:*				
Suffix:	Prefer	red Name:	*							
Preferred Add	ress (NACD	Directorshi	p magazin	e will be sent	here):*					
City:*				itate/Provin	ce:*	Zip/Postal Code:*				
								Work		
Work Company	y Name (tł	is is the me	mber's em	ployer, if app	licable):					
Work Company	y Title:									
Active Director	on Joining	g Board:*	Ye	s N	0					
Roles Served o	n Joining t	he Board (	check all th	nat apply):*						
Chairman of	the Board	Audit (	Committee	Chair		Audit Committee Member	General C	ounsel		
Lead Director	r			ommittee Ch		Compensation Committee Member		e Secretary		
Director Chief Executi	ve Officer		ating/Gov ommittee		nmittee Chair	Nominating/Governance Committee Member Risk Committee Member		fficer		
Additional Boa							other			
Auultional boa	itus servet		ole							
2. Prefix:*	Mr.	Mrs.	Ms.	Miss	Dr.	Honorable				
						Last Name:*				
			-			Zip/Postal Code:*				
-							-	Work		
Work Company				oloyel, ij upp						
Active Director	-		Ye	s N	0					
Roles Served o	-	-			0					
Chairman of	-		Committee			Audit Committee Member	General C	ounsel		
Lead Director				ommittee Ch	nair	Compensation Committee Member		Corporate Secretary		
Director	ue Officer		-		nmittee Chair	Nominating/Governance Committee Member				
Chief Executi			ommittee			Risk Committee Member	Other:			
Additional Boa	rds Served	d On and R	ole:							
3. Prefix:*	Mr.	Mrs.	Ms.	Miss	Dr.	Honorable				
						Last Name:*				
			-							
						Zip/Postal Code:*				
_								Work		
		-								
	-		mber's em	ployer, if app	licable):					
Work Company	-									
Active Director on Joining Board:* Yes No										
Roles Served o	-									
Chairman of Lead Director			Committee	e Chair ommittee Ch	hair	Audit Committee Member Compensation Committee Member	General C	ounsel Secretary		
Director					nmittee Chair	Nominating/Governance Committee Member				
Chief Executi	ve Officer		ommittee			Risk Committee Member				
Additional Boards Served On and Role:										

Full-Board	Roster	Inform	ation (*	indicates re	equired infori	mation)				
4. Prefix:*	Mr.	Mrs.	Ms.	Miss	Dr.	Honorable				
First Name:					MI:	Last Name:*				
			-			Zip/Postal Code:*				
						Address Listed is:*	Home	Work		
		-								
Active Director			Ye							
Roles Served o		-								
Chairman of	-		Committee			Audit Committee Member	General	Counsel		
Lead Director				ommittee Cł	nair	Compensation Committee Member		te Secretary		
Director	ue Officer		0		nmittee Chair	Nominating/Governance Committee Member				
Chief Executiv			ommittee (			Risk Committee Member	Other:			
Additional Boa	rds Serveo	d On and R	ole:							
C. Drofingt	Mar	Marc	Ma	Miss	Dr	Usessels				
5. Prefix:*	Mr.	Mrs.	Ms.	Miss	Dr.	Honorable				
						Last Name:*				
			-							
-						Zip/Postal Code:*	-			
						Address Listed is:*	Home	Work		
			mber's em	oloyer, if app	olicable):					
Work Company										
Active Director	-	-	Ye		0					
Roles Served o	-									
Chairman of Lead Director			Committee	e Chair ommittee Cł	aair	Audit Committee Member Compensation Committee Member	General	Counsel te Secretary		
Director	I	1-			nmittee Chair	Nominating/Governance Committee Member		lite Officer		
Chief Executiv	ve Officer	Risk Co	ommittee	Chair		Risk Committee Member	Other:			
Additional Boa	rds Serveo	d On and R	ole:							
6. Prefix:*	Mr.	Mrs.	Ms.	Miss	Dr.	Honorable				
First Name:					_MI:	Last Name:*				
Suffix:	Prefer	red Name	*							
Preferred Addr	ress (NACD	Directorshi	p magazin	e will be sent	here) <b>:*</b>					
City:*			<u></u>	state/Provin	ce:*	Zip/Postal Code:*	Country:			
Phone:*			Fax	*		Address Listed is:*	Home	Work		
Preferred E-Ma	ail (this will	be your NA	CD User No	ame):*						
Work Company	y Name (th	nis is the me	mber's em	oloyer, if app	licable):					
Work Company	y Title:									
Active Director	on Joining	g Board:*	Ye	s N	0					
Roles Served o	-	-	check all th	nat apply) <b>:*</b>						
Chairman of	-		Committee			Audit Committee Member	General	Counsel		
Lead Director Compensation Committee Chair						Compensation Committee Member		Corporate Secretary		
Director Chief Executiv	ve Officer		ating/Gov		nmittee Chair	Nominating/Governance Committee Member Risk Committee Member		Officer		
Additional Boa							ouler			
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Full-Board	Roster	Inform	ation (*	tindicates re	equired infor	mation)				
7. Prefix:*	Mr.	Mrs.	Ms.	Miss	Dr.	Honorable				
First Name:					MI:	Last Name:*				
City:*				State/Provin	nce:*	Zip/Postal Code:*	al Code:*Country:			
						Address Listed is:*		Work		
		-								
Work Company	y Title:									
Active Director			Ye							
Roles Served o	on Joining t	:he Board (	check all tl	hat apply):*						
Chairman of	the Board	Audit	Committee	e Chair		Audit Committee Member	Genera	Counsel		
Lead Director	r			Committee Cl		Compensation Committee Member		ate Secretary		
Director Chief Executi	ve Officer		nating/Gov ommittee		nmittee Chair	Nominating/Governance Committee M Risk Committee Member		Officer		
Additional Boa						Kisk committee member	other			
Additional Boa	inus server		.010							
8. Prefix:*	Mr.	Mrs.	Ms.	Miss	Dr.	Honorable				
						Last Name:*				
						Zip/Postal Code:*				
-						Address Listed is:*	-	Work		
						, Kali Coo Elotea Io.				
Work Company	-			p:0j:0; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;						
Active Director			Ye	es N	lo					
Roles Served o	-	-			-					
Chairman of	-		Committee			Audit Committee Member	Genera	Counsel		
Lead Directo	r			Committee Cl	hair	Compensation Committee Member	Corpora	ate Secretary		
Director Chief Executi	vo Officar		nating/Gov ommittee		mmittee Chair	Nominating/Governance Committee M Risk Committee Member				
							Other			
Additional Boa	iras Serve	d On and R	loie:							
					_					
9. Prefix:*	Mr.	Mrs.	Ms.	Miss	Dr.	Honorable				
						Last Name:*				
-						Zip/Postal Code:*	-			
_						Address Listed is:*		Work		
		-								
	-		mber's em	pioyer, if app	oiicable):					
Work Company	-									
Active Director	-	-	Y€		lo					
Roles Served o	-						_			
Chairman of the Board Audit Committee Chair Lead Director Compensation Committee Chair						Audit Committee Member Compensation Committee Member		General Counsel Corporate Secretary		
Director										
Director		Nomir	nating/Gov	ernance Cor	nmittee Chair	Nominating/Governance Committee M	ember C-Suite	Officer		
Chief Executi	ve Officer		nating/Gov ommittee		nmittee Chair	Risk Committee Member		Officer		

Full-Board	Roster	Inform	ation (*	hindicates re	equired infori	mation)		
10. Prefix:*	Mr.	Mrs.	Ms.	Miss	Dr.	Honorable		
First Name:					MI:	Last Name:*		
City:*				State/Provin	nce:*	Zip/Postal Code:*	_Country:	
						Address Listed is:*	Home	Work
		-						
Active Director			Ye					
Roles Served o		-	check all ti	hat apply):*				
Chairman of	-		Committee			Audit Committee Member	General (	Counsel
Lead Director	r			ommittee C		Compensation Committee Member		e Secretary
Director Chief Executi	vo Officar		nating/Gov ommittee		nmittee Chair	Nominating/Governance Committee Member Risk Committee Member		fficer
Additional Boa						Kisk Committee Member	Other	
AUUILIONAI BUA	rus served		oie					
11. Prefix:*	Mr.	Mrs.	Ms.	Miss	Dr.	Honorable		
						Last Name:*		
			-			Zip/Postal Code:*		
-						Address Listed is:*	Home	Work
						Audress Listed is."		
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Work Company			Ye	es N	0			
Active Director Roles Served o		-			0			
Chairman of	-		Committee			Audit Committee Member	General (	ouncol
Lead Director				ommittee C	hair	Compensation Committee Member		e Secretary
Director			-		mmittee Chair	Nominating/Governance Committee Member		
Chief Executiv			ommittee			Risk Committee Member	Other:	
Additional Boa	rds Serveo	d On and R	ole:					
12. Prefix:*	Mr.	Mrs.	Ms.	Miss	Dr.	Honorable		
First Name:						Last Name:*		
-						Zip/Postal Code:*	_Country:	
						Address Listed is:*	Home	Work
Preferred E-Ma	ail (this will	be your NA	CD User N	ame) <b>:*</b>				
Work Company	y Name (th	nis is the me	ember's em	ployer, if app	olicable):			
Work Company	y Title:							
Active Director	on Joining	g Board:*	Ye	es N	lo			
Roles Served o	n Joining t	he Board (	ícheck all t	hat apply):*				
Chairman of			Committee		bair	Audit Committee Member	General (	
Lead Director Director	I			Committee C vernance Cor	hair mmittee Chair	Compensation Committee Member Nominating/Governance Committee Member		e Secretary fficer
Chief Executi	ve Officer		ommittee			Risk Committee Member		
Additional Boa	rds Serve	d On and F	lole:					

#### 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:\_\_\_\_\_

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

Phone:

• For additional directors or executives (11+): \$300 each

Updated as of August 2018



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