

## DATA CENTER MEMBERSHIP APPLICATION

| Company Name:  |                    |         | Web Address:         |                       |                      |  |
|--|--------------------|---------|----------------------|-----------------------|----------------------|--|
| Name:  |                    |         | Title:               |                       |                      |  |
| Address:   |                    | _ City: | Sta                  | te:                   | ZIP Code:            |  |
| Phone:   |                    |         | Fax:                 |                       |                      |  |
| Email:   |                    |         |                      |                       |                      |  |
| Additional Contact Nam   | nes                |         |                      |                       |                      |  |
| Please provide the Name, Title & Email address of your Organization's:                     |                    |         |                      |                       |                      |  |
| CEO:   |                    |         |                      |                       |                      |  |
| General Counsel:   |                    |         |                      |                       |                      |  |
| Regulatory Contact:  |                    |         |                      |                       |                      |  |
| Federal Legislative Contact:   |                    |         |                      |                       |                      |  |
| Marketing/Trade Show Contact:  |                    |         |                      |                       |                      |  |
| Public Relations Contact:  |                    |         |                      |                       |                      |  |
| Primary Billing Contact:   |                    |         |                      |                       |                      |  |
| Carrier Relations Contact:   |                    |         |                      |                       |                      |  |
| Procurement/Network Planning Contact:  |                    |         |                      |                       |                      |  |
| Sales Contact:   |                    |         |                      |                       |                      |  |
| Company Profile  |                    |         |                      |                       |                      |  |
| Annual Gross Revenue (prior calendar year) \$  |                    |         |                      |                       |                      |  |
| Is your company Privately held Publicly traded (Ticker symbol)?                            |                    |         |                      |                       |                      |  |
| Number of employees  |                    |         |                      |                       |                      |  |
| <b>Years in operation</b>  |                    |         |                      |                       |                      |  |
| ☐ 85% of the company's revenue is attributable to colocation and interconnection services. |                    |         |                      |                       |                      |  |
| _ os/vor and company steet   |                    |         |                      |                       |                      |  |
| How did you hear about INCOM   | MPAS?              |         | Would you be interes | sted in participating | g in our committees? |  |
| ☐Word of mouth   | ☐ INCOMPAS Website |         | □Events              |                       |                      |  |
| ☐ The INCOMPAS Show  | Advertisement      |         | ☐ Membership         |                       |                      |  |
| ☐ Trade magazine   | Other              |         |                      |                       |                      |  |
| □NEF   |                    |         |                      |                       |                      |  |
| What is Your Target Audience? (Check all that apply)                                       |                    |         |                      |                       |                      |  |
| My company's target audience includes:   |                    |         |                      |                       |                      |  |
|  |                    |         |                      |                       |                      |  |
|  |                    |         |                      |                       |                      |  |
|  |                    |         |                      |                       |                      |  |