

Associate Membership Registration Form

Associate membership is intended only for companies that do not directly design, build, or manufacture IoT products, but instead wish to sell “white labeled” IoT products secured through partnerships with OEM/ODM manufacturers that are certified using Alliance standards and its logos & brands.

Associate members are able to certify “white labeled” products through the Alliance Certification Transfer Program (CTP). The CTP allows Associate members to certify products built by and previously certified by Alliance Participant & Promoter members under the Associate member’s company name. These CTP-approved products may then carry the Alliance’s Certified logo for that standard and the Associate member may sell such certified products under their own company name.

For more information about the CTP, visit: <https://csa-iot.org/certification/transfer-program/>.

IMPORTANT NOTE: If your company wishes to access completed and approved specifications, or is interested in participation in the development of specifications, please review and consider one of our other membership levels: <https://csa-iot.org/become-member/>.

There are no annual member dues fees associated with Associate membership. However, there is a one-time fee of **\$2,500 USD per product, plus an additional \$500 USD per year per product** (due annually on the anniversary date of the grant of certification). If an Associate upgrades to a [paid membership tier](#), all annual maintenance fees for existing Certification Transfer Program certifications will be waived from the date of upgrade moving forward.

To join:

- Complete [Online Associate Member Registration Form](#)
or
- Complete the following Associate Member Registration PDF Form in full and email to: help@csa-iot.org
and
- Sign the [Associate Member Agreement](#) form and email to: help@csa-iot.org

Company Information

Company Name:	Click here to enter text.
Company Size:	
Promoter or Participant Partner Company Name who will provide white label device (required):	

Market Focus:	Please select ONE primary and other secondary industry segment(s) you serve:		
		Primary	Secondary
	Connected Buildings	<input type="checkbox"/>	<input type="checkbox"/>
	Connected Health	<input type="checkbox"/>	<input type="checkbox"/>
	Connected Home	<input type="checkbox"/>	<input type="checkbox"/>
	Connected Industry	<input type="checkbox"/>	<input type="checkbox"/>
	Connected Retail	<input type="checkbox"/>	<input type="checkbox"/>
	Connected Vehicles	<input type="checkbox"/>	<input type="checkbox"/>
	Smart Energy	<input type="checkbox"/>	<input type="checkbox"/>
	Smart City	<input type="checkbox"/>	<input type="checkbox"/>
	Wearables	<input type="checkbox"/>	<input type="checkbox"/>
	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Company Address:	Street Address: City, State, Postal Code, Country:		
Where Products/ Services are Available (check all that apply):	<u>Americas</u> <input type="checkbox"/>	<u>China</u> <input type="checkbox"/>	<u>Asia Pacific</u> <input type="checkbox"/>
Preferred URL:			
Company Description (up to 100 words):			

Primary Contact Information: (Required. Individual to whom we should direct all correspondence.)Organization Name: [Click here to enter text.](#)Contact First Name: [Click here to enter text.](#) Last Name: [Click here to enter text.](#)Job Title: [Click here to enter text.](#)Street Address: [Click here to enter text.](#)Address Line 2: [Click here to enter text.](#)City: [Click here to enter text.](#) State/Province: [Click here to enter text.](#)Postal Code: [Click here to enter text.](#) Country: [Click here to enter text.](#)Phone: [Click here to enter text.](#) Fax: [Click here to enter text.](#)E-mail Address: [Click here to enter text.](#)**Intent to Join the Connectivity Standards Alliance:**

This Registration Form is an offer by Applicant to become a member of the Connectivity Standards Alliance as set forth below. By executing this Registration Form, Applicant agrees to be bound by the terms and conditions set forth in the Member Agreement, the Bylaws, IPR Policy, Antitrust Guidelines of the Connectivity Standards

Alliance, and all applicable Connectivity Standards Alliance policies, as may be duly amended from time to time.

Authorized Individual's Name: Click here to enter text. Title: Click here to enter text.

Signature: _____ Date: Click here to enter a date.