MEMBER PLEDGE FORM (rev 09/2017)

Instructions:
1. Print & fill-out the information below (please write legibly).
2. Send completed form to paul.holthus@oceancouncil.org.
3. WOC will prepare an invoice for you (contribution may be made by check or wire transfer).

Organization/Company: __________________________________________________________
Address: ______________________________________________________________________

Primary Contact: ☐ Mr./☐ Ms./☐ Dr. ________________________________________________
Position/Title: __________________________________________________________________
Email: _______________________________ Telephone: ___________________________

optional:
Secondary Contact: ☐ Mr./☐ Ms./☐ Dr. ______________________________________________
Position/Title: __________________________________________________________________
Email: _______________________________ Telephone: ___________________________

☒ Our organization pledges to become a Member of the World Ocean Council, effective
the month of ____________, 20_____

☒ The gross annual revenue or budget for our organization is ___________ (USD), as of
the year 20_____.

☒ The annual membership contribution for our organization is indicated below:

Please check one:

<table>
<thead>
<tr>
<th>CORPORATIONS</th>
<th>INDUSTRY &amp; TRADE ASSOCIATIONS</th>
<th>RESEARCH, ACADEMIC, SCIENTIFIC INSTITUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Small Business (annual gross revenues less than USD 10 million)</td>
<td>☐ Small (annual budget less than USD 250,000)</td>
<td>☐</td>
</tr>
<tr>
<td>☐ Small (annual gross revenues USD 10 million to 100 million)</td>
<td>☐ Medium (annual budget USD 250,000 to 1 million)</td>
<td></td>
</tr>
<tr>
<td>☐ Medium (annual gross revenues USD 100 million to 500 million)</td>
<td>☐ Large (annual budget greater than USD 1 million)</td>
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<tr>
<td>☐ Large (annual gross revenues USD 500 million to 5 billion)</td>
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<td></td>
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<tr>
<td>☐ Very Large (annual gross revenues greater than USD 5 billion)</td>
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</tbody>
</table>

Authorized Signature: _______________________________ Date: ______________
Printed Name: __________________________________________________________________