**GENERAL MEMBERSHIP QUESTIONNAIRE**

Company Name and Address:

|  |
| --- |
| *(please fill in the legal entity, that intends to become a C2PA member)* |

Industry:

|  |
| --- |
| *(please name your industry)* |

Main C2PA contact person within your company:

|  |  |  |
| --- | --- | --- |
| *(First Name, Last Name)* |  | *(E-Mail Address)* |

Are you already a *Contributor* at C2PA? Yes  No:

|  |
| --- |
| **Section 1: Working Groups** |

Which working Group do you want to join?

|  |  |
| --- | --- |
| Technical Working Group |  |

Note: Other Working Groups will be formed at a later date

Would you like to make a proposal for a working group? If yes, please describe which industry specific challenge you would like to address in this working group.

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| *(please describe the specific problem you want to solve)* |

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| **Section 2: Intention, Expectation & Ability to execute** |

What is your intention to join the C2PA?

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| --- |
| *(please tell us, why you want to join C2PA in a few sentences)* |

Which output do you expect?

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| --- |
| *(please tell us which output you expect, e.g. Whitepaper, code samples, best practices, ...)* |

Please describe you or your organization’s experience and skills within the implementation of provenance and authenticity use-cases. For example, describe some of your projects or references if any. ( Note: not a requirement).

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| *(please describe your experiences, knowledge base, level of maturity, etc…)* |

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| **Section 3: Sponsorship & Alignment with Mission Statement** |

Please name at least one empowered employee who will contribute to the Technical Working Group. (In addition to the main contact in Section 1)

|  |  |  |
| --- | --- | --- |
| *(First Name, Last Name)* |  | *(E-Mail Address)* |

|  |  |  |
| --- | --- | --- |
| *(First Name, Last Name)* |  | *(E-Mail Address)* |

|  |  |  |
| --- | --- | --- |
| *(First Name, Last Name)* |  | *(E-Mail Address)* |

Do you have any prior experiences with participation in open source and/or standardization committees?

|  |
| --- |
| *(please name the organizations you already work with…)* |

Is your company prepared to make contributions to C2PA specifications? YES

Are you willing to fully participate in at least one Working Group? YES

Are you willing and able to pay a yearly fee of $5,000\*? YES

Do you have a current contact within the C2PA Organization (Mentor)? YES ☐

|  |  |  |
| --- | --- | --- |
| *(First Name, Last Name)* |  | *(E-Mail Address)* |

Date: *DD-MM-YYYY*

|  |
| --- |
| *……………………………………………………………….. …………………………………………………………………*  First Name, Last Name Position |

------ ONLY C2PA Internal ------

COMMENTS:

|  |
| --- |
| *(only for OMP Management Team)* |