CapWIN offers the following types of annual membership:

1. **Basic CapWIN Membership**: Annual membership fee of $560.00. Entitles member to run CapWIN software on 4 mobile devices and receive software maintenance, upgrades, training and 24/7/365 Help Desk support.

2. **Basic Plus CapWIN Membership**: Annual membership fee of $560.00. Entitles member to run CapWIN software on 4 mobile devices at no additional cost and on an additional number of devices at the fixed per device fee specified in Table 1 and to receive software maintenance, upgrades, training and 24/7/365 Help Desk support.

3. **Enterprise CapWIN Membership**: Available to entities with more than 1,000 users at an annual fee of $125,000.
   - Allows an Enterprise member access to all CapWIN query services, including METERS-RMDTS/NCIC/Nlets, Maryland MVA and MVA “Browse” functions, NCR LInX, Maryland Live Warrant feed, Maryland Parole and Probation (Community Supervision) Database, and the USM Trespass Database.
   - Allows Enterprise member or a sub-agency affiliated with Enterprise member to access CapWIN software on mobile devices either
     - through a vendor of Enterprise member’s choosing and/or
     - via the CapWIN System. If a sub-agency affiliated with Enterprise member chooses this option, that sub-agency will itself have to execute and submit the Membership Agreement. The sub-agency will not be required to pay a separate or additional membership fee as long as the Enterprise member maintains active Enterprise membership and the sub-agency continues to be affiliated with the Enterprise member.

**Table 1: Fee per Device Schedule for Basic Plus Membership**

<table>
<thead>
<tr>
<th># Devices</th>
<th>1-4</th>
<th>5-40</th>
<th>41-80</th>
<th>81-500</th>
<th>&gt;500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Device Fee</td>
<td>Included with Basic Membership</td>
<td>$246</td>
<td>$235</td>
<td>$224</td>
<td>$213</td>
</tr>
</tbody>
</table>

When Agency selects the Basic Plus membership, it will need to notify the University each year on the number of devices it wants to run CapWIN software.

**Note on test use**: CapWIN can make CapWIN software, the CapWIN system and support services available to a potential member at no cost on a temporary basis for testing and evaluation provided the users first complete training. Contact CapWIN.
To Member: Please complete this Membership Form and submit it and the applicable annual Membership Fee along with the signed Agency Access and Use Agreement in accordance with Section III of the Agency Agreement. If Member wishes to change its membership type or revise the number of devices that will run CapWIN software under a Basic Plus Membership, Member will complete and submit a revised Membership Form prior to the start of the applicable fiscal year.

Member Name

Mailing Address:

Name of Point of Contact:

Telephone: E-mail:

SELECT ONE TYPE OF MEMBERSHIP

<table>
<thead>
<tr>
<th>Type</th>
<th>Annual Fee</th>
<th>Additional # of Devices and Per Device Rate</th>
<th>Total Annual Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Basic</td>
<td>$560.00</td>
<td>NA</td>
<td>$_______________</td>
</tr>
<tr>
<td>_____ Basic Plus</td>
<td>$560.00</td>
<td># of Devices over 4: ________</td>
<td>Per Device Fee: __________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Subtotal: __________</td>
</tr>
<tr>
<td>_____ Enterprise*</td>
<td>$125,000.00</td>
<td>NA</td>
<td>$_______________</td>
</tr>
</tbody>
</table>

_____ *Check here if Member is a sub-agency of an Enterprise Member and wishes to access the CapWIN software and Databases through the CapWIN software and provide name of the Enterprise Member: ______________________________

_____ Initial here if applicable. Agency hereby represents and warrants that the number specified above regarding the number of devices on which it intends to run the CapWIN System is an accurate assessment of Agency’s needs as of the Effective Date.

Insert name of Agency’s Authorized Signatory ______________________________

Title ______________________________

Date ______________________________