



Membership Application Form

Please complete this application form, together with the attached Membership Information form, which provides The Open Group with essential contact information for you and your company, and FAX or email these to:

The Open Group
44 Montgomery Street
Suite 960
San Francisco, CA 94104-4704, USA
Fax: +1 (208) 567-1872
Email: memberservices@opengroup.org

The Open Group
Apex Plaza, Forbury Road
Reading, Berkshire, RG1 1AX
United Kingdom
Fax: +44 (0) 700 609 9522

wishes to become a Member of The Open Group.

<Enter company/organization name here>

By signing this I agree that:

1. We wish to join The Open Group, with benefits as defined in <http://www.opengroup.org/membership/benefits.htm> and participation in the following activities:
2. In consideration of this, we will pay the applicable fee, as published at <http://www.opengroup.org/member/membership-pricing.htm>, which is US\$
3. We have read and agree to abide by the standard Terms and Conditions of Membership, which are available at <http://www.opengroup.org/membership/terms.htm>.
4. We understand that our membership will automatically renew upon each anniversary of the signing date, at the then applicable published fee, unless we give The Open Group sixty (60) days written notice of our intent to resign.

FOR AND ON BEHALF OF
The Applicant

FOR AND ON BEHALF OF
The Open Group

Signature:

Signature:

Name:

Name:

Title:

Title:

Company:

Date:

Date:

Membership Information Form

1. Organization: (Please print)

Organization Name:

Principal Product/Service:

Please indicate whether your organization is an:

IT Customer

IT Supplier or Systems Integrator

Annual Sales

Number of Employees

(Government agencies only)

VAT number**

**Members from the European Union only

2. Membership Listing

To ensure the accuracy of our records, please indicate below the way in which your company/organization's name should appear in the membership listing:

<Formal company/organization name, including classification (trademark, service mark, etc.)>

<Acceptable shortened version of company/organization name>

<Web address>

3. Designated representative(s) (please print)

	Primary Representative	Alternate Representative
Name:		
Title:		
Organization Name:		
Address		
Phone No:		
Fax No:		
Mobile Phone No:		
eMail Address:		

4. Billing Address (Please Print)

Contact Name:

Title:

Organization Name:

Address:

Mail Stop:

City: State/Province: Zip:

Country: Telephone:

Fax:

eMail address:

5. Apart from those listed under 3. and 4. above, please list any additional eMail domains used by your organization (continue on a separate sheet if necessary)

(Please advise us when additional domains are added during your period of membership)

6. Referral Information

Please tell us who, if anyone, referred you to The Open Group.

Referred by: _____ and: _____
(name of person) (name of organization)