



Membership Application Form – Jericho Forum

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

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

The Open Group
Thames Tower
37-45 Station Road,
Reading, RG1 1LX, UK
Fax: +44 (0)870 131 0418

_____ wishes to become a Member of The Open Group.
<Enter company name here>

By signing this I agree that:

- I wish to join The Open Group, with membership benefits as defined in <http://www.opengroup.org/member/benefits.htm> and participation in the:

Jericho Forum

with specific entitlements and governance as defined in the [Jericho Forum Memorandum of Understanding \(MoU\)](#) which I have also signed and return with this Membership Agreement.
- In consideration of this, I will pay the applicable fee, which is US\$ _____
- I have read and agree to abide by the standard Terms and Conditions of Membership which are available at <http://www.opengroup.org/member/terms.htm>
- I understand that your membership will automatically renew upon each anniversary of the date of my signature, unless I give 60 days notice of my intent to resign in writing to the address above.

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

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 organization's name should appear in the membership listing:

_____ <Formal Organization Name, including classification (Trademark, Servicemark etc.)>

_____ <Acceptable shortened version of Organization Name>

_____ <WEB site 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:

5. Referral Information

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

Referred by:

and:

(name of person)

(name of organization)
