



## 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:

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

Jericho Forum

with specific entitlements and governance as defined in the [Jericho Forum Memorandum of Understanding \(MoU\)](#)

2. In consideration of this, I will pay the applicable fee, which is £\_\_\_\_\_
3. I 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. 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)**

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*Contact Name:*

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*Title:*

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*Organization Name:*

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*Address:*

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*Mail Stop:*

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*City:*

*State/Province:*

*Zip:*

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*Country:*

*Telephone:*

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*Fax:*

*Email:*

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**5. Referral Information**

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

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*Referred by:*

*and:*

*(name of person)*

*(name of organization)*

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