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The Membership Agreement and Membership Information form allows you to enter information directly or from a copy saved in your computer and using your PDF software. Digital signatures are acceptable. Please complete and email this entire form, signed by an authorized signatory of your company and saved in PDF, to [memberservices@opengroup.org](mailto:memberservices@opengroup.org). A countersigned copy will be sent to you when processed. Manually completed, signed and scanned copies saved in PDF will be accommodated, however a slightly longer processing time is to be expected. Thank you.

## Membership Agreement

By signing this, we, \_\_\_\_\_  
(Please enter the complete legal name of your company/organization)

### AGREE that:

- We wish to join The Open Group as a \_\_\_\_\_ Member with benefits as defined in <https://www.opengroup.org/membership> and participate in the following Open Group Forum(s): (Choose only one for Silver; Industry Verticals are not included in Gold Membership)
  - ArchiMate® Forum
  - Architecture Forum
  - IT4IT™ Forum
  - Open Footprint™ Forum
  - Open Process Automation™ Forum
  - OSDU™ Forum
  - Real-time and Embedded Systems Forum
  - Security Forum
  - Trusted Technology Forum
  - Exploration, Mining, Metals and Minerals (EMMM™) Forum (Industry Vertical)
  - Healthcare Forum (Industry Vertical)
- In consideration of this, we will pay the applicable fee, as published at <https://www.opengroup.org/membership/gold-silver> which is US\$ \_\_\_\_\_
- We understand that our membership will automatically renew upon each anniversary of the signing date, at the then published fee applicable to our revenue, unless we give The Open Group sixty (60) days written notice of our intent to resign.**
- 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> and that our participation in The Open Group shall be subject to The Open Group Standards Process which is available at <http://www.opengroup.org/standardsprocess/main.html>.
- We further agree that this Membership Agreement including any documents referred to herein ("Agreement") constitutes the entire agreement and supersedes all prior oral or written agreements, understandings or arrangements relating to our membership. In the event of conflict between the terms of this Agreement and any subsequent Purchase Order that we might issue, the terms of this Agreement shall prevail.

Countersignature by The Open Group shall signify acceptance of Membership, which shall be effective on the latest date below.

FOR AND ON BEHALF OF

FOR AND ON BEHALF OF

**The Open Group**

Signature \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

# Membership Information

## 1. Organization

Organization Name: \_\_\_\_\_

<The complete legal name of your company/organization>

Address: \_\_\_\_\_

<Street, Building, Suite/Unit>

<City>

<State>

<Zip/Postal Code>

<Country>

Principal Product/Service: \_\_\_\_\_

Please indicate whether your organization is an IT Customer \_\_\_ or IT Supplier \_\_\_

Annual Sales US\$ \_\_\_\_\_ (Required)

Number of Employees \_\_\_\_\_ (Required for Government agencies only)

Taxpayer Reference Number (e.g. T.I.N./ V.A.T.) \_\_\_\_\_

## 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:

<Complete legal company/organization name>

<Acceptable shortened version of company/organization name>

<Web address>

## 3. Designated representative(s)

	Primary Representative	Alternate Representative	Marketing Representative
Title:			
First Name:			
Last Name:			
Job Title:			
Street:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Phone No:			
Fax No:			
Mobile No:			
Email Address:			

#### 4. Billing Address

Billing Representative (required)

Title:

First Name:

Last Name:

Job Title:

Street:

City:

State/Province:

Zip/Postal Code:

Country:

Phone No:

Fax No:

Mobile No:

Email Address:

Is a Purchase Order Required?      Yes      No

#### 5. Please list all email domains used by your organization (separate each by a comma)

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

#### Referral Information (optional)

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

Name

Organization

#### For The Open Group Admin Only

Membership Level:	Account ID:
Member Type:	Primary Rep ID:
Corporate Type:	Alternate Rep ID:
	Billing Contact ID:
	Local Partner ID: