

Membership Contact Information Form

Please advise the requested information for your company's OPEN Alliance membership. The completed form should be submitted to admin@members.opensig.org

Company Name: _____

Primary Contact: *Primary Contact- the individual identified by the member to receive communications on membership and billing matters.*

Primary Contact Name: _____

Primary Contact Job Title: _____

Primary Contact Email Address: _____

Alternate Contact: *The individual identified by the Member as the secondary point of contact for membership and billing purposes in case the Finance Contact and the Primary Contact are unavailable and/or unresponsive to messages.*

Alternate Contact Name: _____

Alternate Contact Job Title: _____

Alternate Contact Email Address: _____

Finance Contact: *The individual identified by the Member as the point of contact for billing purposes.*

Finance Contact Name: _____

Finance Contact Job Title: _____

Finance Contact Email Address: _____

OPEN Alliance membership includes 3 user accounts within the OPEN Alliance Members Only area. A user account will automatically be created for the primary contact. Please indicate the 2 additional individuals who should be granted an account.

Contact 1 Name: _____

Contact 1 Email Address: _____

Contact 1 Country: _____

Contact 2 Name: _____

Contact 2 Email Address: _____

Contact 2 Country: _____