

Membership Contact and Company 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: _____

Company URL: _____

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: _____