

Member Application Form

Eclipse Foundation AISBL

Please complete the Member Application Form below as part of the overall membership application and enrolment process. Note that completion of this Form is a required formal step in the Membership Application Process.

A. Class of Membership

Please indicate the class of membership for which you are applying. Please note - most organizations join as a Contributing Member.

Individuals must join as a Committer Member, and must have earned Committer credentials prior to applying for membership. Committer Members must complete Sections A, C, and E only.

- Strategic Member
- Contributing Member
- Associate Member
- Committer Member

Type of Organization

Please check the box that applies.

- For-Profit
- Non-Profit
 - Open Source Organization/User Groups
 - Government Organization, Government Agency, or NGO
 - Academic, Research Organization
 - Media/Publishing Organization
- All Others

B. Organization Information

This should be the legal name and address of your organization. NOTE: Committer members do not need to provide this information unless it differs from the information provided with their Individual Committer Agreement.

*Organizational Name: _____

*Address: _____

C. Key Contacts

NOTE: Individuals who have been designated to serve as key contacts must first have an eclipse account. As Eclipse Foundation processes your membership, representatives without an eclipse account will have one created for them, and an email with instructions to reset the password will follow. All key contacts, including those listed below, as well as any individual who agrees to serve on any committees associated with Eclipse Foundation, agree to maintain an Eclipse account, and agree to the Eclipse.org Terms of Use, Privacy Policy, and Community Code of Conduct.

Member Representative

Please indicate the primary point of contact between your organization and the Eclipse Foundation. As per the Eclipse Bylaws, the Member Representative shall represent your organization in the General Assembly, have the right to cast any votes on behalf of your organization, and shall have the authority to update information provided to Eclipse Foundation. All formal communications from the Eclipse Foundation will be sent to the Member Representative.

*Name: _____
*Title: _____
*Email Address: _____
*Address (if different from corporate): _____

Alternate Member Representative

Please provide an alternate contact(s) for your organization. Feel free to add additional names at the end of this document. These individual(s) shall have the authority to update information provided to Eclipse Foundation, and to represent your organization.

*Name: _____
*Title: _____
*Email Address: _____
*Address (if different from corporate): _____

Marketing Representative

Please provide the primary contact for all Marketing / Communications activities between your organization and the Eclipse Foundation. If left blank, the Member Representative shall serve in this capacity.

*Name: _____

*Title: _____

*Email Address: _____

*Address (if different from corporate): _____

D. Working Groups

Eclipse Foundation hosts a number of working groups, which are formal industry collaboration initiatives, in support of Eclipse-hosted technologies. While not required, most Member organizations participate in one or more working groups. Please complete the following details if you are also joining a working group. Note you will need to complete a separate Working Group Participation Agreement for each working group. A full list of working groups and the associated agreements is available on our [Explore Working Groups](#) page.

You can skip this Section if you are not joining any working group.

Are you joining a Working Group?

- Yes
- No

Which Working Group(s) would you like to join?

Working Group Representative (if applicable)

Please complete the section below only if your organization is joining a working group at this time and the Working Group Representative is different from your Member Representative.

*Name: _____

*Title: _____

*Email Address: _____

*Address (if different from corporate): _____

E. Billing Instructions and Contacts

Primary Billing Contact

Please provide the primary contact for billing annual membership fees. Note that fees will be billed annually on your membership anniversary month.

*Name: _____

*Title: _____

*Email Address: _____

*Address (if different from corporate): _____

*Telephone: _____

Purchasing Process

Does your organization require a Purchase Order to facilitate payment of your membership dues

(Yes/No)? _____

Please indicate any other instructions or contact information that will better facilitate Eclipse Foundation to bill your organization.

VAT Registration

If your organization is registered for VAT in the European Union, please provide the following:

VAT number: _____ Country of registration: _____

F. Member Commitment and Signature

We thank you for completing this Member Application Form.

As a new Member:

1. You agree to publicly support the Eclipse Foundation and its Purpose.
2. You acknowledge your commitment in principle to comply with the Bylaws, the Internal Rules, the Eclipse Foundation Antitrust Policy, IP Policy, and any and all additional policies, procedures and other governing rules of the Eclipse Foundation.

3. You agree to provide Eclipse Foundation with your logo (or instructions to obtain your logo) in accordance with Section 2.3 of the Eclipse Foundation Membership Agreement. When providing your logo, be sure to include a reference or link to any logo and trademark usage guidelines you have.

Our Membership Coordination team will work with you to complete this after your Membership Application is processed.

*Signature: _____

*Name: _____

*Title: _____

*Date: _____

G. Submit your Completed Application

Please send your completed Membership Application Form, along with your completed [Membership Agreement](#), and optionally your [Member Committer and Contributor Agreement](#) and Working Group Participation Agreement (if applicable) to membership@eclipse.org.

Alternatively, you may send these documents via regular mail to:

Eclipse Foundation AISBL
c/o Membership
Rond Point Schuman 11
Brussels 1040 Belgium