

Member Information Form

Eclipse Foundation, Inc.

Please complete the Member Information form below, as part of the overall membership process.

A. Organizational Information

(This should be the legal address of your organization. NOTE: Committer members do not need to provide this information.)

*Organizational Name:	
*Street:	
*City:	
*Province/State:	
*Country:	
*Postal Code:	
Twitter Handle:	

B. Type of Organization (For Associate Members Only)

Please check the box that applies.

<input type="checkbox"/> Standards Organization	<input type="checkbox"/> Government Organization
<input type="checkbox"/> Academic Organization	<input type="checkbox"/> Publishing/Media Organization
<input type="checkbox"/> Non-Profit Open Source Organization	<input type="checkbox"/> Research Institute
<input type="checkbox"/> All Others (e.g. for-profit)	

C. Key Contact Information

Company Representative

(Primary and alternate point of contact between your organization and the Eclipse Foundation. These individuals have the authority to update information provided to Eclipse Foundation.)

*Name:	
*Title:	
*Email address:	
Address (if different from corporate):	
*Telephone:	
LinkedIn URL:	
Twitter Handle:	

Alternate Company Representative

*Name:	
*Title:	
*Email address:	
Address (if different from corporate):	
*Telephone:	
LinkedIn URL:	
Twitter Handle:	

Marketing Representative

(Primary Marketing / Communications contact point between your organization and the Eclipse Foundation.)

*Name:	
*Title:	
*Email address:	
Address (if different from corporate):	
*Telephone:	
LinkedIn URL:	
Twitter Handle:	

Working Group Representative

(Please complete the section below only if your organization is joining a working group at this time, and/or the Working Group Representative is different than your Company Representatives)

*Name:	
*Title:	
*Email address:	
Address (if different from corporate):	
*Telephone:	
LinkedIn URL:	
Twitter Handle:	

Billing Contact

(Primary point of contact for billing membership dues. Dues will be billed annually on your membership anniversary month. NOTE: Committer members do not need to specify a billing contact, since they do not pay dues.)

*Name:	
*Title:	
*Email address:	
Address (if different from corporate):	
*Telephone:	
LinkedIn URL:	
Twitter Handle:	

D. Member Logo

As a new member we agree to publicly announce that we have joined the Eclipse Foundation, Inc.

As a Member of Eclipse Foundation we agree to provide Eclipse Foundation with a logo (or directions to obtain a logo) for the Foundation's use in recognizing Member's relationship with the Eclipse Foundation. See <https://www.eclipse.org/membership/exploreMembership.php> for a full list of members.

E. Signature

We thank you for completing this Member Information form.

Signature: _____

Name: (please print) _____

Date: DD/MM/YY _____

Please send your complete Member Information form, Membership Agreement and Working Group Participation Agreement (if applicable) to membership@eclipse.org. Alternatively, you may send this form and the membership agreement via regular mail to:

Eclipse Foundation, Inc.
c/o Membership
2934 Baseline Road, Suite 202
Ottawa, Ontario
Canada K2H 1B2