

Open Health Tools Membership Application

Thank you for your interest in Open Health Tools. This is an application to join Open Health Tools or to change your Open Health Tools Membership information. To keep the administrative membership process simple, this application form has several Parts.

Part 1: Open Health Tools Membership Process Information

Part 2: Specifies basic demographic information

Part 3: Open Health Tools Membership Eligibility

(Please check one of the following:)

This is a new application

This is a change to existing
information

Part 1: Open Health Tools Membership Process Information

The Open Health Tools Membership process is more fully described at [the FAQ page](#). If you have any questions, please direct them to membership@openhealthtools.org. The Membership Agreement, Logo Agreement and other formal documents can be found on the Open Health Tools web site [here](#).

To Join Open Health Tools:

1. Please complete the Open Health Tools Membership Application (this document).
2. Please sign the Membership Agreement
3. Please sign the Logo Agreement. The Logo Agreement protects your logo when it is placed on the Open Health Tools web site where the website Terms of Use prohibit people from downloading your logo.

Please send the completed Membership Application, Membership Agreement and Logo Agreement to us by email (scanned documents), fax or mail to the address listed at the end of this document.

Your application and membership information will be reviewed by the Open Health Tools Board of Stewards based upon membership qualifications as established in the Membership Agreement and By-laws.

Part 2 : Demographic Information

Please indicate changes to existing Membership demographic information.

Open Health Tools Membership Application

Organization Information

Legal Name: _____

Mail address: _____

Legal or Tax

Classification

(Corporate, not-for-profit, non-profit, private not-for-profit, government entity, etc.) _____

Check if this is a change in information _____

Company Representative *(Primary contact point between your company and Open Health Tools and nominee for Steward)*

Name: _____

Company Name _____

Title _____

Email address: _____

Mail address: _____

Telephone: _____

Fax: _____

Mobile: _____

Check if this is a change in information _____

Marketing Contact *(Primary marketing contact person between your company and Open Health Tools)*

Name: _____

Company Name _____

Title _____

Email address: _____

Mail address: _____

Telephone: _____

Fax: _____

Mobile: _____

Check if this is a change in information _____

Open Health Tools Membership Application

Technical Contact (*Primary technical contact person between your company and Open Health Tools*)

Name: _____
Company Name _____
Title _____
Email address: _____
Mail address: _____

Telephone: _____
Fax: _____
Mobile: _____

Check if this is a change in information _____

Part 3: Membership Eligibility

This is to be completed by all organizations applying for membership in Open Health Tools, Inc.

Membership Information:

Please do not submit any confidential information. Open Health Tools is an open source organization and can not receive any confidential information.

What is the primary mission or business of your organization?

What is the nature of your organization's interest in membership in Open Health Tools?

A key membership requirement for **all new Members** is that each Member share in the Open Health Tools Vision and be willing to contribute to that Vision. Examples of contributions are provided in the Membership Agreement. Please attach a document to this Application in which you describe your role in Open Health Tools and your proposed contribution. Note that the details of your contribution will be the primary factor in the Board's decision whether to accept your application.

Another key membership requirement for **all new Members** is to commit to publicly announce you are joining Open Health Tools, Inc. The exact time, venue, and form of the announcement is up to you. What are your plans to fulfill this commitment?

Open Health Tools Membership Application

I have read and understand the Membership Agreement, Bylaws, IP Policy, EPL (Open Health Tools Public License), Development Process, Anti Trust Documents, Logo Agreement as specified [on the OHT legal page](#).

Signature:

Name (*please
print*)

Date:

Please send this application, along with an executed copy of the Membership Agreement (if a new application) to membership@openhealthtools.org or fax: +1 404-965-4133.

The regular mail address is:

Ginna Yost
Open Health Tools, Inc.
47 Cedar Glen
Blairsville, GA 30512
USA

Tel: +1 404-965-4133 x.706