Eclipse Foundation Membership Application

Thank you for your interest in the Eclipse Foundation. This is an application to join the Eclipse Foundation.

To apply to become a Member, please complete this application. When completed, please send it to the address indicated at the bottom.

My organization plans to join Eclipse as an:
 (Please check one of the following)
___ Add-In-Provider
___ Strategic Consumer
___ Strategic Developer.

The following information describes the demographic information for the person applying to represent their organization.
Please complete the following:
Full name: _____
Member organization: _____
Title: _____
E-Mail: _____
Mailing
Address : _____
        :_____
        :_____
Telephone: _____
Facsimile: _____
Country:_____

The following demographic information describes the administrative and / or billing contact so the Eclipse Foundation can send the bill for membership dues.
Administrative Name _____
E-Mail: _____
Mailing Address : _____
        :_____
        :_____
Country:_____
Telephone: _____
Facsimile: _____

I have read and understand the Membership Agreement, Bylaws, IP Policy, EPL (Eclipse Public License), Development Process, Anti Trust Documents, Logo Agreement as specified http://www.eclipse.org/org/documents/main.html

Please sign: _____
Date: _____

Please send this application to Skip McGaughey at skip@eclipse.org.

 The regular mail address is:
Ellipse Foundation
c/o Skip McGaughey
188 Cherokee Road ,
Asheville, NC 28804, USA