

CGM Open Member Enrollment

Please complete this form to enroll your organization as a member of the CGM Open Foundation for the minimum period of one year. Mail your check in U.S. funds to cover the initial billing period. You will be billed for dues annually.

Primary Contact:

First Name

Last Name

Title

Company

Address

City

State/Province

Zip/Postal Code

Country

Phone

Fax

E-mail

Secondary Contact:

First Name

Last Name

Title

Company

Address

City

State/Province

Zip/Postal Code

Country

Phone

Fax

E-mail

I am enrolling in the following membership class:

Membership Types:	Cost in U.S. \$
Sponsor Member:	
More than 100 employees	\$5,000
More than 25 and less than or equal to 100 employees	\$4,000
Less than or equal to 25 employees	\$3,000
Participant Member:	
More than 100 employees	\$2,500
More than 25 and less than or equal to 100 employees	\$2,000
Less than or equal to 25 employees	\$1,500
Individual	\$250

To submit your enrollment form electronically, complete and print the form then fax or email listed below. An invoice will be mailed within five business days. If you prefer to enroll via snail-mail, send completed with your payment to the address listed below.

Payment enclosed
Please invoice me

Complete and return form, and send payment

to: CGM Open Foundation
800 Wilcrest Drive Suite 210
Houston, TX 77042 USA

phone: +1 713 977 4177
fax: +1 713 977 4176
E-mail: lofton@rocknet.com

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