

# 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:

| <b>Membership Types:</b>                             | <b>Cost in U.S. \$</b> |
|--|------------------------|
| 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](mailto:lofton@rocknet.com)