



Member Information

Organisation name:	
Street address:	
Town / City:	
State / Province (if applicable):	
Postal Code / ZIP:	
Country:	
Membership Fee:	

Membership Agreement

I agree that:

- My organisation will become a member of the Shibboleth Consortium following acceptance of this application by the Consortium Board and payment of the appropriate annual membership fee.
- My organisation agrees to comply with the Shibboleth Consortium Charter and other regulations agreed by the Consortium Board and published on the Consortium's official webpage.
- I authorise the Shibboleth Consortium to acknowledge this membership through the use of my organisation's name in publicity materials and on the Consortium website.
- This membership is non-transferrable without prior written approval from the Consortium Board.
- My organisation may terminate membership of the Shibboleth Consortium at any time upon written notice to the Consortium Board, but I understand that my organization will not receive a refund of annual membership dues already paid for the year of termination.
- I acknowledge that the Consortium Operator manages the activities and finances of the Shibboleth Consortium in accordance with the Shibboleth Consortium Charter and Regulations, and resolutions of the Consortium Board.

Member Representative

I nominate the following person to be our member representative:

Name:	
Email:	

Signature(s):	
Date & Location:	