



Information Form

Completing this form enables MIPI Alliance to have complete and accurate information in its member database and also ensures that your level of participation and access to the various areas of the website are accurate. Again, membership can only commence when this form, the signed Membership Agreement and payment are received.

This form may be returned via fax (+1 732 981 9473) or email (admin@mipi.org).

Membership level you wish to join:

- Adopter
- Contributor

Company Information:

Company Name: _____
Mailing Address: _____
City, State: _____
Postal Code: _____
Country: _____
URL: _____

Primary Delegate (person to whom all general information regarding the MIPI Alliance will be sent):

Primary Contact Name: _____
Title: _____
E-mail: _____
Mailing Address: _____
City, State: _____
Postal Code: _____ Country: _____
Telephone: _____ Fax: _____

Alternate Company Contacts (attach additional contacts, if necessary):

Alternate Contact Name: _____
Title: _____
E-mail: _____
Mailing Address: _____
City, State: _____
Postal Code: _____ Country: _____
Telephone: _____ Fax: _____

Billing Contact Information (if different from above)

Billing Contact Name: _____
Title: _____
E-mail: _____
Mailing Address: _____
City, State: _____
Postal Code: _____ Country: _____
Telephone: _____ Fax: _____

Marketing Contact Information

Marketing Contact Name: _____
Title: _____
E-mail: _____
Mailing Address: _____
City, State: _____
Postal Code: _____ Country: _____
Telephone: _____ Fax: _____

Technical Contact Information

Technical Contact Name: _____
Title: _____
E-mail: _____
Mailing Address: _____
City, State: _____
Postal Code: _____ Country: _____
Telephone: _____ Fax: _____

Additional employees from your company may obtain user accounts at the MIPI Members Website at <https://members.mipi.org>. Select **Request a New User Account**.