**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.