SEB Consortium Membership Application Form

Member Information

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

Membership Agreement

I agree that:

- My organisation will become a member of the SEB 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 SEB Consortium Charter and other regulations agreed by the Consortium Board and published on the Consortium's official webpage www.safeexambrowser/org/consortium/
- I authorise the SEB 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 SEB 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 management of the SEB open source project is done at ETH Zurich in accordance with the SEB Consortium Charter and Regulations, and resolutions of the Consortium Board.
- I acknowledge that the Consortium Manager provided by SWITCH manages the activities and runs the day-to-day business of the Consortium in accordance with the SEB Consortium Charter and Regulations, and resolutions of the Consortium Board.
- I acknowledge that the financial administration and accounting for the SEB Consortium is done at ETH Zurich in accordance with the SEB Consortium Charter and Regulations, and resolutions of the Consortium Board.

Member Representative

I nominate the following person to be our member representative:

Name:	
Email:	
Date & Location:	
Signature(s):	