

MEMBERSHIP APPLICATION

Thank you for applying for MERS® Link membership. The annual membership fee for this membership is \$250.00 per Org ID. Please provide all information that follows and complete the application as described below.

Company Information Company Name: **Company Street Address:** City: State: Zip: Company Phone: Company Fax: Company Website: **Executive Sponsor Contact Name:** Phone: **Executive Sponsor Contact Email: Customer Service Contact Name: Customer Service Contact Email:** Phone: Legal Contact Name: Legal Contact Email: Phone: **Operational Contact Name:** Phone: **Operational Contact Email:** QA Contact Name: Phone: QA Contact Email: Sys Admin Contact Name: Sys Admin Contact Email: Phone: Submit the signed application to the MERSCORP Holdings Helpdesk at helpdesk@mersinc.org. Once the application is approved, an invoice will be issued to you to for the membership fee. I accept the MERS® Link Membership Terms and Conditions. Name and Title Signature Date