

There are seven steps to completing the application process, which will take approximately 10 minutes. All seven steps must be completed prior to submitting your application. Completed applications will be reviewed by the OPC Foundation administrative team; you will be notified by email when your application has been approved.

*Instructions that appear in italics are listed in this document only and are for clarification purposes of the field or screen being considered. Visual field entry references from the web site have been provided throughout this document.*

If you have questions about membership or need assistance completing this form, please [contact us](#).

What you will need to complete the application process:

- Organization name and address of principal office
- Organizational email address (please do not use Hotmail, Gmail, Yahoo, etc). Validation of this email address is required.
- Name and contact information for your organization's Designated Representative
- Name and contact information for your Marketing Representative (Optional)
- [Membership](#) level applicable to your organization
- Authority to electronically agree to and abide by the [OPC Foundation Bylaws](#) and the [OPC Foundation Intellectual Property \(IP\) Policy](#)
- Payment via credit card, purchase order or invoice

When all steps have been completed, you will have the option to print a PDF version of your application.

Step 1: Enter your email address below to start your online application session:

Corporate Email Address Required \*

Press the  button.

Email with link for continuing registration has been sent to your email address.


A verification email has been sent to the address your entered. Please check your email and follow the instructions in order to continue this application.

Some spam filters may initially block emails from the **OPCFoundation.org** domain; to prevent future communications from being blocked, please add this domain to your Safe Senders list.

You have already started the application process. Now you can continue.

Enter the company information.

Company Name \*

Select Country \* 

Address 1 \*      Address 2

City/Town \*      State/Province

Postal Code

MEMBERSHIP LISTING

For the records of the OPC Foundation, please state the exact way in which the applicant's Company name should appear in any list:

Company Name \*

Applicant's affirmation below authorizes the OPC Foundation, if applicant is accepted for membership, to: (a) include applicant's name in the official and public list of members of the OPC Foundation, wherever such list is printed or reproduced and (b) include applicant's name as a member in any notices required to be filed with the U.S. or any foreign Government, including without limitation the U.S. Department of Justice and the Federal Trade Commission.

Press the  button.

Previous step completed successfully.

Step 3: Applicant Designated Representative

Enter the name and information for the Designated Representative to the OPC Foundation for the applicant. Designated Representatives may vote in the annual General Assembly meetings, and have editing rights to the organization's profile and entries in the product catalog.

*Some of the data entered on the previous screen will appear in the fields provided.*

<input type="text" value="First Name *"/>	<input type="text" value="Last Name *"/>
<input type="text" value="Title *"/>	<input type="text" value="Company *"/>
<input type="checkbox"/> Same as business address	
<input type="text" value="Select Country *"/> ▼	
<input type="text" value="Address 1 *"/>	<input type="text" value="Address 2"/>
<input type="text" value="City/Town *"/>	<input type="text" value="State/Province"/>
<input type="text" value="Postal Code *"/>	
<input type="text" value="Phone *"/>	<input type="text" value="Fax"/>
<input type="text" value="Email *"/>	
<input type="checkbox"/> International phone number	<i>Must be a valid company email (Gmail, Hotmail, etc., not accepted)</i>
<input type="checkbox"/> International fax number	


Press the [Next >](#) button to continue, or press the [< Back](#) button to return to the previous screen.




Previous step completed successfully.

Step 4: Applicant Marketing Representative (optional)

Enter the name and information for the Marketing Representative (this is optional; additional representatives can be added later). Marketing representatives can maintain the organization's biography and entries in the product catalog.

*Some of the data entered on the previous screen will appear in the fields provided.*

<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>
<input type="text" value="Title"/>	<input type="text" value="Company"/>
<input type="checkbox"/> Same as business address	
<input type="text" value="Select Country *"/> 	
<input type="text" value="Address 1 *"/>	<input type="text" value="Address 2"/>
<input type="text" value="City/Town *"/>	<input type="text" value="State/Province"/>
<input type="text" value="Postal Code *"/>	
<input type="text" value="Phone *"/>	<input type="text" value="Fax"/>
<input type="text" value="Email"/>	
<input type="checkbox"/> International phone number	<i>Must be a valid company email (Gmail, Hotmail, etc., not accepted)</i>
<input type="checkbox"/> International fax number	

Press the  button to continue, or press the  button if it is not necessary to enter a Marketing Representative. Press the  button to return to the previous screen.

Previous step completed successfully.

### Step 5: Select Membership Type

Membership fees are determined by the type of membership and size of the organization. Please indicate the appropriate membership that applies to your organization (required):

#### Corporate Membership

- |                       |  |             |
|-----------------------|--|-------------|
| <input type="radio"/> | Class A: Annual Sales greater than \$100M      | US \$18,000 |
| <input type="radio"/> | Class B: Annual Sales between \$20M and \$100M | US \$9,600  |
| <input type="radio"/> | Class C: Annual Sales between \$2M and \$20M   | US \$4,800  |
| <input type="radio"/> | Class D: Annual Sales under \$2M               | US \$3,000  |

#### Non-Corporate Membership

- |                       |          |            |
|-----------------------|----------|------------|
| <input type="radio"/> | End-User | US \$1,800 |
|-----------------------|----------|------------|

#### Universities, Research Institutions or Non-Profit Organizations

- |                       |                   |          |
|-----------------------|-------------------|----------|
| <input type="radio"/> | Non-voting Member | US \$900 |
|-----------------------|-------------------|----------|

Press the [Next >](#) button to continue, or press the [< Back](#) button to return to the previous screen.

Previous step completed successfully.

Step 6: Review and affirm bylaws, rules and policies

Click the following links to review the OPC Foundation Bylaws and Intellectual Property policy in PDF format.

- [Review the OPC Foundation Bylaws](#)
- [Review the OPC Foundation Intellectual Property \(IP\) Policy](#)

To continue, you must affirm, that if accepted for membership in the OPC Foundation, the applicant will abide by the bylaws, rules and policies of the OPC Foundation provided above. To accept and affirm, please check the box below:

**Yes, I agree to abide by the bylaws, rules and policies of the OPC Foundation**

Enter your name and date, and draw a signature using the fields provided. Send a signature request is described further below.

An electronic signature is required to complete the application. Please enter your name and date, then use the right mouse button function to draw your signature in the box provided. Alternatively, you may upload an image of your signature (GIF, PNG and JPG files up to 2 MB accepted).

If you are not authorized to approve this application, you may send an electronic signature request email to the individual in your organization who has signing authority.

Add Signature

Signature Type

- Draw Signature
- Upload Signature Image

To request that another individual sign this application, enter the email address of the responsible person.

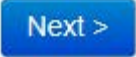

 Use my signature    @ Send signature request

Send a request to another individual, with corporate signing authority, to provide an authorized signature.

Email \*

Send Signature Request

To send the signature request, press the  button.

Press the  button to continue, or press the  button to return to the previous screen.



Previous step completed successfully.

Step 7: Select Method of Payment

Applicant must provide a method of payment for the appropriate membership fee with this application in the form of a credit card number or purchase order.

For a purchase order, an invoice will be issued and sent by email to the Designated Representative(s). Membership benefits will begin when payment of the invoice is received. A purchase order may be paid by check to the OPC Foundation or by wire transfer. Wire transfer information is provided on the invoice.

Annual membership fees are due and payable on each anniversary of applicant’s membership. Membership rights and privileges are contingent upon payment of all fees when due and acceptance of payments by the OPC Foundation.

Select the preferred payment type. For credit card payment, enter the information in the fields provided. Purchase Order and Invoice payment options are described further below.

Credit Card                     
  Purchase Order                     
  Invoice

Credit Card
Purchase Order
Invoice

MM/YY

▼

For payment by Purchase Order, enter the information in the fields provided. The Invoice payment option is described further below.

Credit Card       Purchase Order       Invoice

---

Credit Card    Purchase Order    Invoice

---

Purchase Order # \*

Other Description (optional)

To be invoiced, enter the information in the fields provided. Some of the data entered on previous screens will appear.

Credit Card       Purchase Order       Invoice

---

Credit Card    Purchase Order    Invoice

---

Company \*

First Name \*

Last Name \*

United States

Address 1 \*

Address 2

City/Town \*

State/Province

Postal Code \*

When you have completed the payment fields, press the [Submit Invoice Request and Application >](#) button to

submit your application to the OPC Foundation, or press the [< Back](#) button to return to the previous screen.