

**Application Form to participate in  
Transparent Cloud Computing Consortium (T-Cloud Consortium)**

I hereby agree with the purport of the consortium and apply for participation in the consortium.

Application date:     \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Member information (To be published on the home page etc.)

Name:

Contact information (Person with whom the consortium communicates)

Name:

Address:

Telephone number:

Email address:

Contact information to be published on the home page:

Person in charge of administrative affairs (Person who receives invoices from the consortium)

Name:

Address:

Telephone number:

Email address:

Name to be written on the invoice:

End.