



Customer Member Application

*Denotes Required Information

***Member contact information:**

(Please use the name of the company's representative who will receive Mosaic information and voting rights)

*First Name:		*Last Name:	
*Job Title:		*Email Address:	
*Company:		*Website:	
*Address:			
*City:	*State/Province:	*Zip/Postal Code:	*Country:
*Phone Number:		*Fax Number:	
*Preferred username:		*Preferred password:	

***Which Infor applications does your company use? (Check all that apply.)**

- | | | |
|--------------------------------------------------------|---------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Baan | <input type="checkbox"/> Baan FM | <input type="checkbox"/> Baan IV |
| <input type="checkbox"/> Baan V | <input type="checkbox"/> Infinium | <input type="checkbox"/> Baan Perform BPCS |
| <input type="checkbox"/> Infinium FM | <input type="checkbox"/> Infinium HCM | <input type="checkbox"/> Infinium MM/PR |
| <input type="checkbox"/> Other (Please specify): _____ | | |

***In which vertical markets do you work? (Check all that apply.)**

- | | | |
|---------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Aerospace and defense | <input type="checkbox"/> Automotive | <input type="checkbox"/> Business Services |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Consumer packaged goods | <input type="checkbox"/> General process manufacturing |
| <input type="checkbox"/> Government and education | <input type="checkbox"/> Healthcare | <input type="checkbox"/> High-tech and electronics |
| <input type="checkbox"/> Hospitality and gaming | <input type="checkbox"/> Industrial machinery and equipment | <input type="checkbox"/> Medical products, devices and equipment |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Other (Please specify): _____ | |

What is your current operating system? (Check all that apply.)

- | | | | |
|--------------------------------------------------------|-------------------------------------|---------------------------------|----------------------------------------------|
| <input type="checkbox"/> Windows 2000/XP | <input type="checkbox"/> Linux | <input type="checkbox"/> MPE | <input type="checkbox"/> MVS/Other Mainframe |
| <input type="checkbox"/> Open VMS | <input type="checkbox"/> MacOS | <input type="checkbox"/> AIX | <input type="checkbox"/> HP-UX/Tru64 UNIX |
| <input type="checkbox"/> NonStop Kernel | <input type="checkbox"/> Other UNIX | <input type="checkbox"/> AS/400 | |
| <input type="checkbox"/> Other (Please specify): _____ | | | |

Please send your completed form and payment to:
 Mosaic User Group, 109 Vanderhoof Avenue, Suite 201, Toronto, Ontario, Canada M4G 2H7
 or via fax to 1-866-849-5281



Number of Employees:

- 1-99 100-249 250-499 500-999 1000-4999 5000+

If you are interested in being a Mosaic volunteer, please indicate your areas of interest:

- | | |
|----------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Product Committee | <input type="checkbox"/> Event Educational Program Committee |
| <input type="checkbox"/> Education Committee | <input type="checkbox"/> Inform me of other volunteer opportunities |
| <input type="checkbox"/> Vendor Advisory Committee | <input type="checkbox"/> Not Interested |

Additional Comments/Notes:

Annual Member Dues: Customer Membership \$595

Dues are payable in US dollars only, valid January 1st – December 31st, 2010, and are not pro-rated.

If you have a **promotional code**, please enter it here: _____

***Method of Payment:**

- Check Wire Transfer Money Order

Credit Card: By indicating credit card as the method of payment and providing credit card information, I am authorizing payment of the application fee by credit card.

- Visa Mastercard American Express

Card Number : _____ Expiry Date : _____

Signature: _____

PRIVACY DISCLAIMER

The purpose of Mosaic is to facilitate the exchange of knowledge and information. In order to do this, Mosaic will make available basic organizational information to Customer Members. If you do not want your organization's name and basic contact information made available, please check this box.

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