



## Alliances Member Application

***Please complete the following information for consideration as a member in SirsiDynix Alliances. Your application will be reviewed by the SirsiDynix team and you will be contacted within 14 business days regarding the status of your application.***

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Phone Number \_\_\_\_\_

Company Fax Number \_\_\_\_\_

Web site Address \_\_\_\_\_

D&B Number \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

Primary Contact Phone Number \_\_\_\_\_

Primary Contact Email Address \_\_\_\_\_

Technical Contact Name \_\_\_\_\_

Technical Contact Phone Number \_\_\_\_\_

Technical Contact Email Address \_\_\_\_\_

***The following information will appear on the SirsiDynix Web site as submitted:***

Product to be tested \_\_\_\_\_

Brief Description of Product Functionality \_\_\_\_\_

\_\_\_\_\_

Describe how your product will benefit SirsiDynix Clients

\_\_\_\_\_

\_\_\_\_\_

Email this document to [deborah.powell@sirsidynix.com](mailto:deborah.powell@sirsidynix.com) or fax to Deborah Powell at 256 704-7007.

**For more information on becoming a member of the SirsiDynix Alliances, please call Deborah Powell, SirsiDynix Alliances Manager, at 256 704-7022 or email: [deborah.powell@sirsidynix.com](mailto:deborah.powell@sirsidynix.com)**