Community Data Program
[NAME] Consortium
Member Organization Contact List

Organization Name	

Executive Contact(s)	Signing authority for the organization.
Organization mailing address	
Name	
Title	
Email	

Billing Contact(s)	Contact for annual billing.
Organization billing address (if not same as above)	
Name	
Title	
Email	

Program Contact(s)	Lead data users.
Name	
Title	
Email	

Other Approved Users	Any staff (other than above) who will need access to the CDP data catalogue and resources.
Name	Email Address