

User Group Shadow Account Request Form

User Group Name	
User Group Location	
Agile Alliance Members (name and email address)	1.
	2.
	3.
	4.
	5.
Contact name*	
Contact email	
Contact mail address**	

* the name of the primary person from the user group that can request funds from the shadow account

** cheques will be sent to the contact mail address

Return completed form to: usergroups@agilealliance.org