

## CUG Membership Application and Change Request Form Instructions

To fill out and send in your Membership Application and Change Request Form you must first have Adobe Acrobat Reader installed on your computer. It is available on this CD-ROM or the internet at [www.adobe.com/prodindex/acrobat/readstep.html](http://www.adobe.com/prodindex/acrobat/readstep.html).

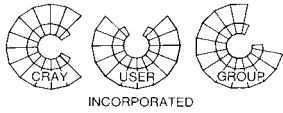
The Membership Application and Change Request Form is a file called MEMBFORM.PDF. Open the file in Acrobat Reader. Make sure the hand button is selected on the toolbar, this is the tool you will use to fill out the form. Select the field, type the required information, and press the tab key to go to the next field or select the next field using the mouse.

When you have completed the form, either

- Print the file and mail or fax it to the address in the upper right hand corner of the form, or
- Save the file as [yoursitecode.pdf]\* and attach it to an email message to [bwinget@pobox.com](mailto:bwinget@pobox.com). Use either Apple Double, uuencode, or BinHex for the attachment, or
- Save the file as [yoursitecode.pdf]\* and send it via ftp (binary option) to:
  - Host: [intrepid.net](http://intrepid.net)
  - ID: anonymous
  - Password: (your Email address)
  - Directory: /cug

Send an email message to [bwinget@pobox.com](mailto:bwinget@pobox.com) in which you list the name of the file.

\* Sample: If your sitecode is LANL your file will be named "LANL.PDF"



# Membership Application and Change Request Form

Please complete this form and send it to:  
CUG Office  
2911 Knoll Road  
Shepherdstown, WV 25443 USA  
(1-304) 263-1756 Fax: (1-304) 263-4841  
bwinget@pobox.com

Instructions: **Please print clearly in block letters.**

- To apply for membership, complete all items below.
- To change information for an active CUG member, complete only those items that have changed.
- All applications and change requests must bear the signature of the Installation Delegate. In case of a change of Installation Delegate, both the old and new delegates should sign.
- Contact the CUG Office at the address above for assistance.

### SGI/Cray Research systems installed or on order: (attach additional pages if you need more space)

Mainframe type (e.g., Y-MP4E)	Serial number	Installation date (e.g., 12 May 96)	Operating system (e.g., UNICOS)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Installation Name** \_\_\_\_\_

**Installation Delegate Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Email \_\_\_\_\_

**Note:** For phone numbers, please include country code, city/area code, and phone number. See phone numbers above for an example where "1" is the country code, "304" is the city/area code, and "263-1756" is the local phone number.

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Operations Contact Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**User Services Contact Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

If bills are to be sent to someone other than the Installation Delegate, please provide that information below.

**Billing address Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Installation Delegate Signature \_\_\_\_\_

Date \_\_\_\_\_