



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
bob@fpes.com

Any institution that owns or uses a computer system from SGI may join CUG and become a member site. Each member site designates an Installation Delegate who votes for that site in CUG elections and on other membership issues. The Installation Delegate is the principal point of contact for the site's ongoing relationship with CUG and with CUG members and assures that membership records are correct and fees are paid in a timely manner. The annual site membership fee is \$500 (USD) (a bill will be sent to you).

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.

Please provide the name, phone number, and e-mail address for your SGI Sales Representative:

SGI Sales Representative Name _____ **Phone** _____ **E-mail** _____

Your Organization's Name _____

Installation Delegate Name _____

Street Address _____

City _____ **State** _____ **Postal Code** _____

Country _____ **E-mail** _____

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 _____ **E-mail** _____

Phone _____ **Fax** _____

Operations Contact Name _____

Street Address _____

City _____ **State** _____ **Postal Code** _____

Country _____ **E-mail** _____

Phone _____ **Fax** _____

User Services Contact Name _____

Street Address _____

City _____ **State** _____ **Postal Code** _____

Country _____ **E-mail** _____

Phone _____ **Fax** _____

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

Billing Addressee Name _____

Street Address _____

City _____ **State** _____ **Postal Code** _____

Country _____ **E-mail** _____

Phone _____ **Fax** _____

Installation Delegate Signature

Date