



Membership Application and Change Request Form

Please complete this form and send it to:
CUG Office
186 Mandela Road
Shepherdstown, WV 25443 USA
(1-304) 263-1756 Fax: (1-509) 272-7239 cug@cug.org

Any institution that owns or operates a high performance computer system as defined in the handbook may apply to 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 \$750 (USD) (a bill will be sent upon acceptance of the application).

Instructions: **Please print clearly in block letters, or complete electronically, then print and sign.**

- 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 Cray Inc. Sales Representative:

Sales Representative _____
Phone _____ E-mail _____

Please describe the makes and models of high performance computer systems that your organization operates:

Your Organization _____
Installation Delegate _____

Street Address _____
City _____ State _____ Postal Code _____
Country _____ E-mail _____

Note: For phone and fax 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 _____

Street Address _____
City _____ State _____ Postal Code _____
Country _____ E-mail _____
Phone _____ Fax _____

Operations Contact _____

Street Address _____
City _____ State _____ Postal Code _____
Country _____ E-mail _____
Phone _____ Fax _____

User Services Contact _____

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 _____

Street Address _____
City _____ State _____ Postal Code _____
Country _____ E-mail _____
Phone _____ Fax _____

Installation Delegate Signature

Date