



Membership Application and Change Request Form

Please complete this form and send it to:

CUG Secretary
2709 E. 10th St.
c/o David Hancock - UITS
Bloomington, IN 47408
Phone: (1-812) 855-4021 Fax: On request
secretary@cug.org

Any institution that owns or operates a Cray high performance system as defined in the handbook may apply to join CUG and become a member site. Any institutions that use a significant portion of another organization's Cray high performance system as defined in the handbook may apply to join CUG and become an associate member site. Each site designates an Installation Delegate who votes for that site in CUG elections and on other 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.
- Contact the CUG Secretary for assistance.

Please choose whether you are applying to be a member ☐ or an associate member ☐ site.

If applying to be a member site, please provide the name, CUG site code, phone number, and e-mail address for your Cray Inc. Sales Representative:

Sales Representative

Phone _____ E-mail _____

If applying to be an associate member site, please provide the name, phone number, and e-mail address of the Installation Delegate from a member site at which you use significant HPC resource(s):

Your Organization

Installation Delegate

Phone _____ E-mail _____

Please describe the makes and models of high performance computer systems your organization owns, operate. or uses:

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.

Phone _____ Fax _____

Please provide a second contact point who can respond to administrative and billing queries below.

Billing Addressee

Street Address _____

City _____ State _____ Postal Code _____

Country _____ E-mail _____

Phone _____ Fax _____