



IVS Membership Application Form: Analysis Center

Analysis Center Name:

Type of Analysis Center:

☐

Operational

☐

Associate

☐

SAC-SOS

Parent/funding Organization:

Primary Technical Contact:

Administrative Contact:

Contact Information:

Motivation:

Analysis Software:

Analysis Interests:



Other information:



The form should be signed by an official committing the organization(s) to participate in the IVS as an Analysis Center, and agreeing to work closely with the IVS Analysis Coordinator.

For the organization(s):

Name:

Date:

Name:

Date: