



## IVS Membership Application Form: **Correlator**

**Correlator Name:**

**Parent/funding Organization:**

**Primary Technical Contact:**

**Administrative Contact:**

**Contact Information:**

**Motivation:**

**Correlation Software:**

- Supported Functions:**
- ☐ Provide timely feedback to the Network Stations about data quality
  - ☐ Jointly maintain the media pool and transport of the geodetic and astrometric community
  - ☐ Manage electronic data transfer
  - ☐ Work with the Correlator Coordinator to compare processing techniques, models, and outputs to ensure that data from different Correlators are identical

**Other information:**

The form should be signed by an official committing the organization(s) to participate in the IVS as a Correlator and agreeing to follow guidelines from the IVS Correlator Coordinator and to cooperate with the IVS Coordinating Center.

**For the organization(s):**

**Name:**

**Date:**

**Name:**

**Date:**