



IVS Membership Application Form: **Combination Center**

Combination Center Name:

Parent/funding Organization:

Primary Technical Contact:

Administrative Contact:

Contact Information:

Motivation:

Combination Software:

Planned Functions:

☐

Quality control the Analysis Center results

☐

Provide feedback to the Analysis Centers

☐

Create, distribute, archive high-quality combination products

☐

Submit official IVS combination products to the IERS

☐

Place final results in IVS Data Centers

☐

Develop state-of-the-art combination procedures

☐

Perform software development and documentation

☐

Generate official IVS input to ITRF

☐

Adhere to IERS conventions

☐

Submit status reports to the IVS Biennial Reports

Other information:

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

For the organization(s):

Name:

Date:

Name:

Date: