



IVS Membership Application Form: **Data Center**

Data Center Name:

Parent/funding Organization:

Primary Technical Contact:

Administrative Contact:

Contact Information:

Motivation:

Ingest Software:

- Supported Functions:**
- ☐ Receive and archive data (Level 2 and higher), auxiliary files (i.e., schedules, logfiles, notes files), and products
 - ☐ Receive and archive fringe visibilities in DiFX format (SWIN files, Level 1 data)
 - ☐ Mirror data and product holdings with other IVS Data Centers
 - ☐ Provide public access to IVS data and products to all users

Other information:

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

For the organization(s):

Name:

Date:

Name:

Date: