



IVS Membership Application Form: Network Station

Network Station Name:

Known station codes:

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IVS 2-letter code

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IVS 8-letter code

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DOMES number

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CDP number

Parent/funding Organization:

Onsite Technical Contact:

Administrative Contact:

Contact Information:

Motivation:

Data Transport and Storage:

Connectivity:

Storage Capacity:

Supported VLBI system(s):

☐

Legacy S/X

☐

VGOS

Co-location with other (space-geodetic) instruments:

☐

SLR

☐

GNSS

☐

DORIS

☐

Gravimeter

Contributions to IVS
observing programs:

Data acquisition
system:

Antenna infor-
mation:

Manufacturer:

Dish size:

Mount type:

☐

AZEL

☐

HDEC

☐

XY

Models:

Upgrade plans:

Other information:

The form should be signed by an official committing the organization(s) to participate in the IVS as a Network Station, and agreeing to comply with IVS performance standards for data quality and operational reliability and to work closely with the IVS Network Coordinator.

For the organization(s):

Name:

Date:

Name:

Date: