



IVS Membership Application Form: **Operation Center**

Operation Center Name:

Parent/funding Organization:

Primary Technical Contact:

Administrative Contact:

Contact Information:

Motivation:

Scheduling Software:

- Supported Functions:**
- ☐ **Interact with the IVS Coordinating Center and Correlators to plan observing programs**
 - ☐ **Generate and distribute individual observing schedules in a timely fashion (typically one week prior to observing)**
 - ☐ **Support IVS Network Stations in improving their performance**
 - ☐ **Adhere to IVS adopted schedule file formats**

Other information:

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

For the organization(s):

Name:

Date:

Name:

Date: