

## MOREnet Affiliate Membership Application Form

If you require any assistance in filling out this form, please feel free to contact the MOREnet Affiliate Program Manager at 800-509-6673 or [info@more.net](mailto:info@more.net)

### I. Contact & Organization Information

Organization Name: \_\_\_\_\_

Organization Web Page Address (if available): \_\_\_\_\_

Street Address: \_\_\_\_\_

(Include Street Address in addition to a post office box if applicable)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Organization:     K-12 School                       Community Information Network

Non-profit agency                       Other: \_\_\_\_\_

Ownership/Structure:     Public sector                       Private sector, not-for-profit

Private sector, for profit                       Other: \_\_\_\_\_

## II. Affiliate Member Representatives

MOREnet maintains information on official contacts at each organization. These contacts are eligible to contact MOREnet for technical support, receive important program information, and are automatically subscribed to MOREnet distribution lists as appropriate. In the area below, please write the names of those individuals who will represent your organization.

### Institutional Representative (1 per Organization):

- Serve as the main contact between organization and MOREnet on program changes and issues.
- Serve as the recipient of mailed (U.S. Postal Service) information about MOREnet programs and services.
- Be responsive to surveys and inquiries about MOREnet programs and services.
- Be a leader for MOREnet programs and services within the organization.
- Submit MOREnet contact changes.
- Act as the MyMOREnet Administrator.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

Secondary E-mail: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (for UPS): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### Site Contact (1 per Organization)

- The default point of contact for building/campus infrastructure issues.
- May request assistance with data connection issues.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

Secondary E-mail: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (for UPS): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Network Technical Contact (1 per Organization)**

- Responsible for the overall coordination of networking technology in the organization and daily technical operations.
- Subscribed to MOREnet's Network Outages and Maintenance distribution list
- Has a working knowledge of the workstations and network operating systems used in the organization.
- Has an understanding of TCP/IP protocols, IP addressing, sub-networking and Wide Area Networks (WANs).

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

Secondary E-mail: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (for UPS): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Security Contact (1 per Organization)**

- Should bear overall day-to-day responsibility for the network security of the organization.
- Should be empowered to act to safeguard the network and should have access to the expertise to make necessary changes quickly (i.e., by telephone or pager).
- Subscribed to MOREnet's Network Security distribution list. MOREnet addresses this list with relevant advisories of security vulnerabilities, software bugs affecting security, notices of available security-related training and quarterly summaries of security statistics.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

Secondary E-mail: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (for UPS): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Professional Development/Training Contact (1 per Organization)**

- The designated person to receive information from MOREnet on training opportunities and serves as information conduit back to organization.
- Serves as the contact point for enrolling their campus staff in MOREnet training.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

Secondary E-mail: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (for UPS): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Billing Contact (1per Organization)**

- The designated accounts payable office or individual to receive bills for MOREnet services.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

Secondary E-mail: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (for UPS): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Online Resources Contact (1 per Organization)**

- Provides campus-wide support for use of the online resources available through MOREnet.
- Shares information regarding access to library resources through MOREnet to faculty, students, and staff.
- Subscribed to the Online Resources distribution list.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

Secondary E-mail: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (for UPS): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### III. Connection Information Form

The Connection Information Form provides MOREnet with necessary information about your organization's network and assists in determining the proper connection and equipment configuration. Incomplete or inaccurate information may affect the service delivery time, as well as performance of the provided service. Contact MOREnet if you have questions about completing this form.

Depending on the type of connection being installed, the organization may be responsible for some or all of the installation costs. If applicable, MOREnet will inform the organization prior to ordering the connection.

#### Request Information

Organization Name: \_\_\_\_\_

Person completing this form: \_\_\_\_\_

#### Requested Service

*Check all that apply.*

- Bandwidth needed (total Mbps required: \_\_\_\_\_)
- Circuit location change
- Equipment upgrade

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Note:* Installation times can vary widely and depend on factors such as site location, provider and circuit capacity. For more information regarding installation times, please contact the appropriate MOREnet Program Manager.

#### Installation Information

Contact name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Installation Location**

Building name: \_\_\_\_\_

Building street or 911 address: \_\_\_\_\_  
(Please do not list a P.O. Box.)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Installation site phone number: \_\_\_\_\_  
(Phone number must be in installation building.)

**Telephone Company Demarcation Point** (Location of the phone equipment.)

Building: \_\_\_\_\_ Floor: \_\_\_\_\_

**Connection Demarcation Point** (Location for your current or proposed router.)

Floor: \_\_\_\_\_ Room #/name: \_\_\_\_\_

Is this the same location as your current connection?  Yes  No

*Note:* Many service providers will install the connection only where other telecommunications services are already located in the building. If the requested demarcation point is located other than the room where your telephone equipment is located, extended demarcation wiring may be needed and may result in additional costs to the organization. Please contact MOREnet if you are unsure of the demarcation point placement.

**Network Information**

*Note:* Ethernet is used to connect organization's network to the router.

Number of existing workstations on your network: \_\_\_\_\_

Projected number of workstations on your network in 12 months: \_\_\_\_\_

Will this connection be used to IP video services:  Yes  No

#### **IV. Authorization**

The purpose of this form is to gather the administrative, governance, and technical information needed to establish your organization as an Affiliate member. The signature on this form should be from an individual with contract signature authority for your organization, and indicates that the information on this form is as accurate and complete as is currently possible.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

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