



CineGrid Membership Form / Invoice

Institution

- Institution Name _____
- Institution Type Corporation () Non-Profit/Education () _____
- Institution Address _____
- City _____ State _____
- Postal code _____ Country _____
- Institution URL _____
- Dept/Project Name _____
- Dept/Project URL _____
- Site Geo Location (latitude/longitude) _____

Select Membership levels

Check one	Institution Type	Membership Level	Annual Membership Fees
	Corporation	Gold	<u>\$20,000</u>
		Silver	<u>\$10,000</u>
		Bronze	<u>\$5,0000</u>
	Non-profit	Gold	<u>\$10,000</u>
		Silver	<u>\$5,000</u>
		Bronze	<u>\$2,500</u>
	Individual		<u>\$500</u>
	Network Members		<u>Contact Director</u>

Are you joining as an Affiliate Corporate Member _____ ()Yes ()No

Total Invoice _____ \$ _____

Primary Administrative Contact Person

- First Name _____ Last Name _____
- Title _____
- Email Address _____
- Telephone Number(s) _____ Fax _____

Primary Technical Contact (Principal Investigator / PI):

- First Name _____ Last Name _____
- Title _____
- Email Address _____
- Telephone Number(s) _____ Fax _____

Mail annual membership checks to: CineGrid, Inc., 5756 Ayala Avenue, Oakland, CA 94609

For international funds transfer: Account Name: CineGrid, Inc.
 Account Number: 372-5150712
 Bank Name: Wells Fargo Bank
 Bank Address: 2959 College Avenue, Berkeley, CA 94705 USA
 CineGrid FEIN: 20-5417365

If you have questions about this form or the CineGrid Organization, please email darcy@cinagrid.org