



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/Education	Gold	<u>\$10,000</u>
		Silver	<u>\$5,000</u>
		Bronze	<u>\$2,500</u>
	Individual		<u>\$500</u>

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: _____

Payment by check: via mail:

CineGrid, Inc
5756 Ayala Avenue
Oakland, CA 94609

Payment by International funds transfer:

Account Name: CineGrid, Inc.
Account Number: 9220962352
Bank Name: Wells Fargo Bank
Bank Address: 2959 College Avenue,
Berkeley, CA 94705 USA
SWIFT code: WFBIUS6S

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