

Application for Membership To CTEN, Inc.

Texas State Technical College Waco
3801 Campus Drive
Waco, TX 76705

254-867-3375
cten@tstc.edu

800-792-8784
www.cten.net

The CTEN, Inc. Governing Board welcomes your application to join CTEN. This form will serve as an instrument for application and approval for membership into CTEN.

Membership in CTEN is open to public and private school districts, public and private institutions of higher learning, public and private telemedicine facilities, public and private libraries, regional and state consortia, and governmental agencies.

The Governing Board will review all applications to become a member of CTEN, reserving the right to refuse or terminate membership. For more information about CTEN, Inc., go to www.cten.net.

One of the services through CTEN is Internet Access, which is "Basic conduit access" to the Internet that may include transport of digital communication using any Internet-based protocols, including encapsulation of data, video, or voice. TSTC Waco provides the services by "basic conduit access" to the Internet. The services will reach the boundary of public Internet space, such as provided by TSTC Waco's Internet Service Provider's facilities.

Successful applicants granted membership would receive the CTEN Reference Guide that contains the following information:

- 1) CTEN Reference Guide
- 2) CTEN, Inc., Bylaws
- 3) Memorandum of Understanding
- 4) Contracts, Agreements, and Policy Forms

Successful applicants must complete the following Application and submit it to:

Texas State Technical College Waco
c/o CTEN, Inc.
3801 Campus Drive
Waco, Texas 76705

To the Applicant:

Complete the following and submit this application with the four documents to the address noted above. Once your application is received and approved at TSTC Waco, it will be processed and you will then be notified when the services contract is ready for signature.

1. This application is for:

- | | |
|---|--|
| <input type="checkbox"/> Public School Districts | <input type="checkbox"/> Public Library |
| <input type="checkbox"/> Private School Districts | <input type="checkbox"/> Private Library |
| <input type="checkbox"/> Public Institution of Higher Learning | <input type="checkbox"/> Regional Consortia |
| <input type="checkbox"/> Private Institution of Higher Learning | <input type="checkbox"/> State Consortia |
| <input type="checkbox"/> Public Telemedicine Facility | <input type="checkbox"/> Governmental Agency |
| <input type="checkbox"/> Private Telemedicine Facility | <input type="checkbox"/> Other _____ |

2. Institution Information

Name of Institution

Mailing Address

City State Zip
() - () -

Main Telephone Number Fax Number

E-mail Address

3. Contact Person for this Application

Name of Contact

Title

Mailing Address

City State Zip
() - () -

Main Telephone Number Fax Number

E-mail Address

4. Signatures for Contract

How many entries are needed for authorized signature? _____

What is the Full Name(s) and Title of the person(s) authorized for signature?

_____	_____
Name	Title
_____	_____
Name	Title
_____	_____
Name	Title

5. What payment schedule would you prefer?

Quarterly Semi-Annually Annually

6. What billing method would you prefer?

E-mail Fax Postal Mail Other: _____

7. If this application is for a consortia, provide the following information:

List Each Entity	Address	City,	Zip
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

8. Application is now completed. Thank you.

<i>CTEN, Inc. Governing Board Use Only</i>	
Application for CTEN, Inc. membership is:	
<input type="checkbox"/> Approved for membership <input type="checkbox"/> Denied for membership	
Application approved by:	
_____	_____
CTEN, Inc. Governing Board	Date
_____	_____
CTEN, Inc. Governing Board	Date