UCosmic Consortium Membership Enrollment Application for Associations, Foundations, Government Agencies, & Private Companies

If you represent an institution of higher learning, please use our [membership enrollment application for institutions](#).

Joining the UCosmic® Consortium is a three-step process. First, read the [Consortium Membership Agreement](#) and determine whether your organization can agree to its terms. Second, complete the Enrollment Application below. Third, once the Enrollment Application is received, an invoice will be generated.

When the invoice is paid, and the signed Consortium Membership Agreement has been received, your UCosmic membership will be active.

Please complete your Enrollment Application by filling out the form below . You can save your changes at any time directly in this PDF. When you are ready to submit it, click the Submit Application by Email button at the bottom of the form. This will generate an email with your PDF attached. Simply send that email to complete your enrollment application.

Your Organization

Organization Name	
Address (Line 1)	
Address (Line 2)	

City		State or Province	
Country		Zip or Postal Code	
Phone		Fax	

If you are outside the US, please include your country's dialing code in all phone number boxes.

International administrators

Please list the administrators who will be the primary liaisons to the consortium and users of the system. Must list at least one person.

Given Name		Surname	
Email		Phone	

If you are outside the US, please include your country's dialing code in all phone number boxes.

Given Name		Surname	
Email		Phone	

Given Name		Surname	
Email		Phone	

Billing Contact

Please indicate the person who will receive invoices for payment of UCosmic membership fee(s).

Given Name [   ]   Surname [   ]

Email [   ]   Phone [   ]

If you are outside the US, please include your country's dialing code in all phone number boxes.

Information technology contact(s)

Please list the key IT liaison and personnel who will be directly involved in UCosmic integration. You don't need to add any IT contacts right now, but we recommend you add at least one.

Given Name [   ]

Email [   ]   Phone [   ]

If you are outside the US, please include your country's dialing code in all phone number boxes.

Given Name [   ]

Email [   ]   Phone [   ]

Given Name [   ]

Email [   ]   Phone [   ]

Membership Subscription

Is this application for a foundation / assocation / government agency, or for a system integrator / private enterprise?

◯ Foundation / Association / Government Agency   ◯ System Integrator / Private Enterprise

When you are finished completing this form, click the button below. An email will be generated with the appropriate subject, recipients, and a PDF attachment of your completed form. Send that email to complete the application process. If you have any questions, please direct your inquiries to the appropriate person:
Membership Questions: **Mitch.Leventhal@suny.edu**   **Billing Questions**: **Kathleen.Bardolf@suny.edu**
Technical Questions: **Dan.Ludwig@ucosmic.org**   **Feature Questions: Rebecca.Smolar@ucosmic.org**