

Chippewa Valley InterNetworking Consortium (CINC)

Membership Application

Contact Information

Entity Name	
Contact Name	
Street Address	
City ST ZIP Code	
Work Phone	
E-Mail Address	
Entity Mission Statement	
Ownership Type (corporation, private, etc.)	
Tax Status (non-profit, government, for profit)	
Other Locations	
Relationship to Existing CINC Members	
Reason for petitioning CINC membership	

Membership Details

Type of CINC membership you are applying for?

- Full Membership
- Sponsored Membership
- Other or uncertain

Have you previously applied for CINC membership?

- Yes
- No

I hereby confirm that I have truthfully completed this application for membership and if accepted will conform to and abide by all the rules and regulations of CINC UA and its bylaws.

Name	
Title	
Date	

E-mail Completed Application to: Sarah Lipke - slipke@cesa10.k12.wi.us