



SPEC Associate Application

I/We hereby apply to be a SPEC Associate of one or more of the following groups:

- Graphics and Workstation Performance Group High Performance Group Open Systems Group

University/Non profit: _____

Street Address: _____

Mailstop/Division: _____

City, State, Zip: _____

Country/Postal Code: _____

Primary Contact: _____

Phone/Extension: _____

E-mail: _____

Primary Activity (Please check one):

- Accredited University Research Laboratory Government Agency

Other: _____

What is your interest in being a SPEC Associate? _____

I/We certify that the foregoing is accurate information. I/We will hereby agree to abide by the rules and regulations of SPEC and understand that prompt payment of dues is prerequisite to involvement.

Authorized Signature

Please Print Name

Date

Title

