

**APPLICATION**

<b>I3P USE ONLY</b>
Date of Consideration

*Name of Institution Applying for Membership* \_\_\_\_\_ *Date of Application* \_\_\_\_\_

*If Applicant Institution is affiliated with a larger organization, please provide the name of that organization*

<b>Institutional Address</b>	MailCode/Stop, Bldg./Room, Number/Street	City	Zip (Postal) Code	
		State	Country	
<b>Institution Type</b>	Academic <input type="checkbox"/> Nonprofit Research <input type="checkbox"/> National Lab <input type="checkbox"/> Other _____ (please specify)			
<b>Institutional Contact</b>	<b>Name</b> Institutional contact (such as the Provost, Dean, etc.) who may act on behalf of the institution.	<b>Position</b>	<b>Phone</b>	<b>E-mail Address</b>
<b>Proposed Principal Representative</b>	<b>Name</b>	<b>Position</b>	<b>Phone</b>	<b>E-mail Address</b>
<b>Proposed Alternate Representative</b>	<b>Name</b>	<b>Position</b>	<b>Phone</b>	<b>E-mail Address</b>

**Advancing the Mission of the I3P** – Applicants should explain how their membership will compliment the I3P Consortium, add value and scope to I3P research initiatives and opportunities, and help advance the mission of the organization. [200 words maximum]



