

KANREN Membership Application

(Please complete both pages)

Name of organization:

Mailing address:

Phone number:

Fax number:

Billing address:

Description of the organization:

Description of the planned use of the network connection:

Please describe your local-and/or wide-area network infrastructure that is currently in place:

Speed of circuit connection desired (check one):

Please specify the speed of circuit connection that your organization desires. If unsure please check the need consultation box and we will be happy to assist you.

Please specify requested circuit connection speed: _____

Need Consultation

Amount of Internet bandwidth desired:

Please specify the amount of Internet your organization desires. If unsure please check the need consultation box and we will be happy to assist you.

Please specify desired Internet bandwidth: _____

Need Consultation

Approximate Annual Budget:		Number of FTE Students:	
Staff Size:		Number of FTE Faculty/Staff:	
Number of Networked Computer Systems:		Computers in Labs:	

Please provide the information requested below for four representatives for your site. These representatives will be the primary contact persons for the KanREN staff. If you have questions about choosing these representatives, please call or email KanREN (785-856-9800, info@kanren.net).

Institutional Representative:

Name
Title
Phone/Fax
E-mail address

Network Support Representative:

Name
Title
Phone/Fax
E-mail address

User Services Representative:

Name
Title
Phone/Fax
E-mail address

Library Support Representative:

Name
Title
Phone/Fax
E-mail address