

Nil Grove, Chairperson AllCoNet  
108 Washington Street, PO Box 1724  
Cumberland, Maryland 21501-1724



Public Enterprise Access

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AllCoNet Membership Application  
Request for Addition of Facility to AllCoNet Network

Organization Name: \_\_\_\_\_ \*

Billing Address: \_\_\_\_\_ \*

City, State, Zip: \_\_\_\_\_ \*

	Billing Contact Information		Technical Contact Information
Name:	_____	Name:	_____
Phone:	_____	Phone:	_____
E-Mail:	_____	E-Mail:	_____
Fax:	_____	Fax:	_____

**Global information for this organization:** (check all that apply)

- Web Hosting (*please complete Domain Registration section below*)
- E-Mail through AllCoNet. (*please complete Appendix A*)
- Wireless Internet / Network access (*please complete Appendix B*)
- Dialup Internet / Network access

**Type of Membership Requested:** (check one)

- Associate Member (Using Wireless Network, includes all Subscriber services)
- Subscriber (Using Dialup Networking, Web Hosting and/or E-Mail)

**Domain Registration**, if not AllCoNet \_\_\_\_\_

If domain is currently managed by another company, include contact information for the other company and account information.

Upon request by AllCoNet, you agree to defend, indemnify and hold harmless AllCoNet and its affiliates, employees, agents, contractors, officers, directors, third party providers from any and all liabilities, claims demands and expenses arising from a breach of this membership.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Nil Grove, Chairperson AllCoNet

Form must be submitted prior to adding any building or site to the AllCoNet network. Please mail, fax or email completed form.

**\*Required Field**

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**APPENDIX A**  
**Wireless Internet Building Access Application for** \* \_\_\_\_\_  
(Organization)

Please complete the following blocks for each site to be connected to the AllCoNet Wireless Network. If you have more than one site, you may reproduce this form for as many sites as needed. Please only one site per sheet.

Location Contact Person: \_\_\_\_\_  
Street 1: \_\_\_\_\_  
Street 2: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Location Phone: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

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**Office Use Only**

This section to be completed by the AllCoNet technician conducting the site survey:

Technician Conducting Survey: \_\_\_\_\_  
Result of Site Survey: \_\_\_\_\_  
Notes, equipment required: \_\_\_\_\_

This section to be completed by the AllCoNet technician conducting the install:

	Entered in AllCoNet NMS	
Installation Technician:	_____	<input type="checkbox"/>
Radio Type:	_____	<input type="checkbox"/>
Radio IP address:	_____	<input type="checkbox"/>
Radio MAC address:	_____	<input type="checkbox"/>
Router outside IP:	_____	<input type="checkbox"/>
Router inside IP:	_____	<input type="checkbox"/>
Notes, Install		
Comments, parts used:	_____	

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**APPENDIX B**  
**AllCoNet Dialup Access Application for** \* \_\_\_\_\_  
(Organization)

Please complete the following blocks for each site to be connected to the AllCoNet Dialup Network. If you have more than one site that needs to be on the internet at the same time you will need multiple accounts.

Location Contact Person: \_\_\_\_\_  
Street 1: \_\_\_\_\_  
Street 2: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Location Phone: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Office Use Only**

Username: \_\_\_\_\_  
Password: \_\_\_\_\_