AllCoNet Membership Application
Request for Addition of Facility to AllCoNet Network

Organization Name: *  
Billing Address: *  
City, State, Zip: *  

Billing 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
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: ____________________________________________________________________

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:

Installation Technician: __________________________________________
Radio Type: __________________________________________
Radio IP address: __________________________________________
Radio MAC address: __________________________________________
Router outside IP: __________________________________________
Router inside IP: __________________________________________
Notes, Install Comments, parts used: __________________________________________

Entered in AllCoNet NMS
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: ____________________________________________

Office Use Only

Username: _________________________________________
Password: _________________________________________