



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: _____

Address: _____

City, State, Zip: _____

Country/Postal Code: _____

Primary Representative: _____

Phone/Extension: _____

E-mail: _____

Primary Activity (Please check one): Accredited University Research Government Agency

Other: _____

We are interested in being a SPEC Associate for the following reasons:

I/We agree if my/our participation in SPEC is discontinued for any reason, I/We is/are no longer entitled to any SPEC Confidential Material. Examples of such SPEC Confidential Material include but are not limited to email archives, web materials, meeting presentations, data shared by other participants and members, and any unreleased benchmark code. I/We agree to promptly return ALL SPEC Confidential material to SPEC or destroy all physical and electronic copies at my/our site. If I/we choose to destroy the SPEC confidential material, I/We agree to promptly confirm to SPEC that I/We have completed the destruction.

I/We certify that the foregoing is true and accurate information. I/We agree to abide by the rules, regulations, and policies of SPEC and understand that prompt payment of dues is prerequisite to participation.

Authorized Signature

Print Name

Date

Title

