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| ships  **UNIVERSITY-NATIONAL OCEANOGRAPHIC LABORATORY SYSTEM**  Graduate School of Oceanography – University of Rhode Island  215 South Ferry Road, Narragansett, Rhode Island 02882  (401)-874-6825 Fax (401) 874-6167 www.unols.org office@unols.org | | | |
| **Application for Membership** | | | |
| **Membership in UNOLS** is open to those institutions that use, or operate and use, sea-going facilities and maintain an academic program in marine science. It is intended that UNOLS institutions make substantial contributions to the national oceanographic program. Both individual institutions and consortia of such institutions may be members of UNOLS for purposes of attending UNOLS meetings, receiving UNOLS information, and other non-voting UNOLS activities.  Each UNOLS institution shall designate a representative with authority to speak and act for the institution in UNOLS matters. UNOLS representatives may authorize alternates. Addition of members shall be by application to and majority action by the existing membership. | | | |
| ***W****hereas according to the UNOLS Charter, the below named organization hereby submits application for membership in the University-National Oceanographic Laboratory System. In doing so the applicant fully understands and agrees to work towards the objectives set forth in the UNOLS Charter (*[*http://www.unols.org/info/ucharter.html*](http://www.unols.org/info/ucharter.html)*).* | | | |
| **Instructions:** Please complete all sections of this application and submit to the UNOLS Office at <office@unols.org>. | | | |
| **Name of Institution**: | |  | |
| **Delegate to act as Representative to UNOLS:** | | | |
| Name: |  | | |
| Title: |  | | |
| Address: |  | | |
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|  | | |
| Telephone: |  | | |
| Fax Number: |  | | |
| E-mail: |  | | |
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| **General information on oceanographic, Sea Grant and other marine science programs:** | | | |
| Number of Faculty in Marine Science Programs: | | |  |
| Number of Oceanographic Researchers: | | |  |
| Number of Professional Marine Personnel (Facility support individuals): | | |  |
| Number of Oceanographic Graduate Students: | | |  |
| Approximately how many of your institution’s scientists are sea-going researchers? | | |  |
| How many years has your institution been in existence? | | |  |

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| **Describe your institution, its marine science research, and academic programs in marine science.** (Additional details can be provided by attachment.) | |
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| **Please provide a list of the research vessels that have been or are commonly used by your institution’s scientists.** (Additional details can be provided by attachment.) | |
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| **Please explain your reasons for wanting to become a UNOLS member institution** (Additional details can be provided by attachment.) | |
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| **Provide a list of your institution’s oceanographic faculty and researchers.  If the list is available on-line, please provide the URL in the space below; otherwise provide the faculty/researcher list as an attachment.** | |
| URL: |  |
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| **Research vessel(s) greater than 75-feet LOA owned and/or operated:** | | | | | |
| Name: |  | | | Size: |  |
| Name: |  | | | Size: |  |
| Name: |  | | | Size: |  |
| Name: |  | | | Size: |  |
| Name: |  | | | Size: |  |
| Name: |  | | | Size: |  |
|  | | | | | |
| **Other oceanographic facilities owned and/or operated by your institution:** | | | | | |
| Description: | |  | | | |
| Description: | |  | | | |
| Description: | |  | | | |
| Description: | |  | | | |
| Description: | |  | | | |
| Description: | |  | | | |
|  | | | | | |
| **Please provide the URL(s) for your institution, marine facilities or marine programs.** | | | | | |
| Description: | |  | | | |
| URL: | |  | | | |
| Description: | |  | | | |
| URL: | |  | | | |
| Description: | |  | | | |
| URL: | |  | | | |
|  | | | | | |
| **Submitted by**, | | |  | | |
| Signature: | | |  | | |
| Name: ( Please Print) | | |  | | |
| Title: | | |  | | |
| Date: | | |  | | |

**Applications should be sent to the UNOLS Office at** [**office@unols.org**](mailto:office@unols.org)**.**