



MEMBERSHIP APPLICATION FORM

APPLICANT'S INFORMATION

Name of Organisation:

Postal Address:

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Applicant Name: Position:

Mobile: E-mail:

Signature: Date:

DESCRIBE YOUR ORGANISATION

A. Type of Business [Tick (✓) One]

- Carriers/Service Provider
- Trade Association
- Software/Equipment Vendor
- Internet Exchange Point
- Government Agency
- Academic
- Other Internet Related Service Provider

(Please specify)

B. Nature of Organization [Tick (✓) One]

- Commercial Organisation
- Non-Profit Organisation
- Individual

MEMBERSHIP CATEGORY

[Tick (✓) One]

- PREMIUM (USD10,000)
- NON-PROFIT ORGANIZATION (USD250)
- FOR PROFIT (USD1,000)
- INDIVIDUAL MEMBERSHIP (USD50)

BILLING CONTACT

(IF DIFFERENT FROM APPLICANT'S INFORMATION ABOVE)

Name: Position:

Name of Organisation:

Postal Address:

E-mail: Mobile:

INSTRUCTIONS: Complete and return this form by email to apia-sec@apia.org. You can also post your completed form to the APIA Secretariat at PO Box 12600, 50784, Kuala Lumpur, Malaysia. Thank you for your interest in becoming a member of APIA.