



MEMBERSHIP APPLICATION FORM

APPLICANT'S DETAILS

Applicant Name:

Name of Official Representative (if Organisation):

Designation of Official Representative (if Organisation):

E-mail: Mobile:

Postal Address:

Postcode: Country:

Signature: Date:

REFEREES

Please provide the names of two (2) referees who are current members of APIA and have been so for at least five (5) years

Referee 1: Referee 2:

MEMBERSHIP CATEGORY

[Tick (✓) One]

PREMIUM (USD10,000)

NON-PROFIT ORGANISATION (USD250)

FOR PROFIT (USD1,000)

INDIVIDUAL MEMBERSHIP (USD50)

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 Organisation

(Please specify)

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

Commercial Organisation

Non-Profit Organisation

(Please attach evidence of non-profit status)

Individual

NOTES FOR APPLICANTS:

1. Please nominate an official Representative if the Applicant is a company or an organisation.
2. The support of 2 referees who are current members of APIA for at least five (5) years is required.
3. Please complete and return this form by email to the APIA Secretariat (apia-sec@apia.org).