



**CABASE NATIONAL IXP NETWORK
MEMBERSHIP APPLICATION**

Date.....20.....

**To: CABASE IXP ADMINISTRATION SUB-COMMITTEE
The CABASE IXP Vice-President**

Dear Sir,

We are pleased to address this request to you for approval of membership in the CABASE.....IXP (Indicate which IXP)

We select the following membership category:

- FULL MEMBER**
- SPECIAL MEMBER** (Universities, Municipalities and Government Entities)

DETAILS OF TECHNICIAN IN CHARGE 1

NAME.....

Direct Phone No.....Cellphone.....

Availability Hours.....

eMail

DETAILS OF TECHNICIAN IN CHARGE 2

NAME.....

Direct Phone No.....Cellphone.....

Availability Hours.....

eMail

DATA FOR THE CABASE REGIONAL IXP LIST

<u>NAME</u>	<u>MAIL</u>	<u>CELLPHONE</u>

We await your quick and favourable response.

Yours truly,

Company Name:

Brand Name:

Signature:

Signee Name:

Title:

Seal: