

CÁMARA ARGENTINA DE Internet

CABASE MEMBERSHIP APPLICATION

Buenos Aires, 20.....

To: The President of CABASE

Dear sir,

This is to apply for membership in the entity you preside over, after due review of the CABASE bylaws which we are in agreement with.

MEMBERSHIP CATEGORY

International Member

COMPANY DATA

COMPANY NAME:

Fantasy Name:

Address: ZIP:

City: Province/State: Country:

Telephone: Fax:

www..... E mail@.....

REPRESENTED BY

PRINCIPAL (NAME AND SURNAME):

Title: Cellphone r: E-mail:

ALTERNATE (NAME AND SURNAME):.....

Title: Cellphone: E-mail:

BILLING INFORMATION

Complete if different from above)

COMPANY NAME:

Address: ZIP:

City: Province/State: Country:

PERSON RESPONSIBLE FOR RECEIVING THE INVOICES

NAME AND SURNAME:

Email to receive Electronic Invoice :

PERSON RESPONSIBLE FOR PAYMENTS

NAME AND SURNAME: Direct Telephone

E-mail: Office Hours:

PAYMENT MODE

ANNUAL PAYMENT

CURRENCY:

ARS

USD

CÁMARA ARGENTINA DE Internet

PAYMENT METHOD

CABASE INFORMATION FOR WIRE TRANSFER OR BANK DEPOSIT

ARS ACCOUNT	USD ACCOUNT
INTERMEDIARY BANK: <i>Standard Chartered Bank</i>	INTERMEDIARY BANK: <i>Standard Chartered Bank</i>
SWIFT CODE: SCBLUS33	SWIFT CODE: SCBLUS33
ABA: 026002561	ABA: 026002561
ADDRESS: 1 AV. Madison, 3 rd, floor. New York, USA	ADDRESS: 1 AV. Madison, 3 rd, floor. New York, USA
BENEFICIARY BANK: <i>BBVA Banco Francés – Buenos Aires – Argentina</i>	BENEFICIARY BANK: <i>BBVA Banco Francés – Buenos Aires – Argentina</i>
SWIFT CODE: BFRPARBAXXX	SWIFT CODE: BFRPARBAXXX
ADDRESS: <i>Reconquista 199 CP C1003ABC</i>	ADDRESS: <i>Reconquista 199 CP C1003ABC</i>
BENEFICIARY: <i>Cámara Argentina de Internet – CABASE</i>	BENEFICIARY: <i>Cámara Argentina de Internet – CABASE</i>
CUIT: 30-65916135-0	CUIT: 30-65916135-0
C.B.U.: 017 032 982 000 000 051 895 0	C.B.U.: 0170329826000005587382
	IBAN: ARNaN329-055873/8 (<i>for electronic transactions</i>)
ACCOUNT NUMBER: 329 -0 5189 - 5	ACCOUNT NUMBER: 329-055873/8

IN ODER TO ENSURE YOUR PAYMENT IS PROCESSED

SEND AN E-MAIL TO administracion@cabase.org.ar NOTIFYING PAYMENT DETAILS

DATA FOR CABASE MEMBERS MAILING LIST

NAME AND SURNAME	MAIL	CELPHONE

DATE:

SIGNATURE:

WRITE NAME:

POSITION /TITLE:

SEAL:

RESERVED FOR CABASE: ACCEPTED AS MEMBER

✓ **International Member**

AT THE BOARD MEETING ON / /

INICIAL CONTACT:.....