

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: TelephoneNumber:E-mail:

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

Title: TelephoneNumber: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

PAYMENT METHOD

WIRE TRANSFER OR BANK DEPOSIT (1)

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(1) DATA OF CABASE FOR THE OPTION OF WIRE TRANSFER OR BANK DEPOSIT

INTERMEDIARY BANK: *Standard Chartered Bank*
SWIFT CODE: SCBLUS33
ABA: 026002561
ADDRESS: *1 AV. Madison, 3 rd, floor. New York, USA*

BENEFICIARY BANK: *BBVA Banco Francés – Buenos Aires – Argentina*
SWIFT CODE: BFRPARBAXXX
ADDRESS: *Reconquista 199 CP C1003ABC*

BENEFICIARY: *Cámara Argentina de Internet – CABASE*
C.B.U.: *017 032 982 000 000 051 895 0*
CUIT: *30-65916135-0*

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

DATE:

SIGNATURE:

WRITE NAME:

POSITION /TITLE:

SEAL:

RESERVED FOR CABASE: ACCEPTED AS MEMBER

International Member:

AT THE BOARD MEETING ON / /

INICIAL CONTACT:.....