



**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:**