CÁMARA ARGENTINA DE Internet

IN.RE.27

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

NAME	MAIL	CELLPHONE

We await your quick and favourable response.

Yours truly,

Company Name: **Brand Name:**

Signature: **Signee Name:** **Title:**

Seal: