

Membership Form

V.01 - January 2005



Requestor's Name (First, Last): _____
Requestor's e-mail: _____
Legal Organization's Name: _____
Organisation's e-mail contact: _____
Signatory Name: _____
Signatory Position: _____

Type of Membership:

- Member-Only*
End User
LIR

Country: _____ Country code

Activity area:

- Government* *ISP / Telecommunications*
Association / not-for-profit *Private*
Education *Other*

Organisation Address

Street _____
Street _____
Postal Address _____
City _____

Additional Information

Do you already have IP addresses YES NO
If Yes, from where?

- APNIC* *RIPE NCC*
ARIN *Up stream Provider*

Have you ever attended any RIR meeting? _____

Do you plan to train your staff on IP resources management? YES NO

If yes in which time frame (month)? 1-3 3-6 6-12 >12

e-mail to be used for mailing list:
1. _____
2. _____

Billing contact:

If same as Organisation's address above, check here and skip this section

Contact Name (First, Last): _____
contact e-mail: _____
Street _____
Street _____
Postal Address _____
City _____
Country _____

Technical Contact nic-hdl: _____

-AFRINIC

Abuse Contact nic-hdl: _____

-AFRINIC

Information must exist in AfriNIC DB. To create contact object please visit <http://www.afrinic.net> database section

Date _____

Signature: _____