

Membership Form

V.02 - June 2006



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

Type of Membership:

Member-Only **End User** **LIR**

Country: _____ Country code ISO-3166-1 Format

Activity area:

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

Organisation Address

Street _____
Street _____
Postal/ZIP Address _____
City and Country _____

Additional Information

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

APNIC *RIPE NCC*
ARIN *Up stream Provider*

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

Billing contact (First, Last): _____
Billing contact e-mail: _____
Street _____
Street _____
ZIP/Postal code: _____ **Phone Contact:** _____
City: _____
Country: _____

Technical Contact nic-hdl: * _____ -AFRINIC
Abuse Contact nic-hdl: * _____ -AFRINIC

* Information must exist in AfriNIC DB. Information about how to create To create contact object is available at <http://www.afriNIC.net/db/nic-hdl-howto.htm>

Date _____

Signature: _____