



Associate Members Application Form

In accordance with chapter 5 article 6 of the AICTO Convention, the following company/organization :

Organization : _____

Contact person : _____ Title : _____

Address : _____

City and Zip code : _____ Country : _____

Tel : _____ Fax : _____

E-mail : _____ Website : _____

Kindly indicate your sphere of activities: (Please tick the appropriate box)

- _____
- Regulatory agency or authority Telecom operator ISP Manufacturer
- SS2I Advisor Association & specialized civil organisation
- University & Research Regional & intern.org Other : (Please specify)

* For information, The minimum annual contributory amount for a sector member : **regulatory agencies or authorities** is 20000 US\$, **telecom operators** 20000 US\$, **ISPs** 2500 US\$, **Local Manufacturers** 5000 US\$, **International Manufacturers** 20000 US\$, **Software developers & producers** 1000 US\$, **Specialized advisors & studies offices** 500 US\$, **Associations & specialized civil organizations** 1500 US\$, **specialized universities & research centers** 2000 US\$, **Regional and international organizations** 3000 US\$.

I declare my desire to become member of AICTO. As such, I acknowledge having read in full the members 'obligations, namely those related to the Organization's agreement and active participation and I commit myself to respect them.

Name: Title:

Relations.....

Date: Signature: