

Application Form for Associates

National entities and organizations are invited to send this Form through the National Telecommunication Administration of the Member State in which the company has its headquarters, or directly to ITU if the Member State has assigned authority to the Secretary-General to approve the Application. Regional and international organizations may send it directly to the ITU Secretary-General.

<p>In accordance with Article 19 of the Convention, the following company/organization:</p> <p>Name:</p> <p>Chief Executive Officer:</p> <p>Main contact person (for subsequent correspondence): Title:</p> <p>Mailing address:</p> <p>Tel.: Fax: E-mail:</p> <p>Address and contact person (for invoicing) if different from contact person above:</p> <p>.....</p>		
<p>wishes to become an Associate of: <i>(Please tick the appropriate box)</i></p> <p><input type="checkbox"/> ITU-R*) Study Group</p> <p><input type="checkbox"/> ITU-T*) Study Group</p> <p><input type="checkbox"/> ITU-D*) Study Group</p> <p><small>* For the period 2010-2011, the annual financial contribution for an Associate in ITU-R or ITU-T is CHF 10,600.-; in ITU-D it is CHF 3,975.- and CHF 1,987.50 for Associates from developing countries. Please note that denunciation will take effect at the end of six months from the date when notification is received by the Secretary-General. The contribution is due up to the last day of the month in which the denunciation takes effect.</small></p>		
<p>in the category of: <i>(Please tick the appropriate box)</i></p> <p><input type="checkbox"/> recognized operating agency <input type="checkbox"/> scientific or industrial organization</p> <p><input type="checkbox"/> financial or development institution <input type="checkbox"/> other entity dealing with telecommunication matters</p> <p><input type="checkbox"/> regional and other international telecommunication, standardization, financial or development organization</p>		
<p>Kindly indicate your sphere of activities: <i>(Please tick the appropriate box)</i></p> <p><input type="checkbox"/> Network Operator <input type="checkbox"/> Service Provider <input type="checkbox"/> Internet Services</p> <p><input type="checkbox"/> Voice Networks <input type="checkbox"/> Manufacturers <input type="checkbox"/> Research Agency</p> <p><input type="checkbox"/> Investment Bank <input type="checkbox"/> Telecommunication Consultancy <input type="checkbox"/> Regulator</p> <p><input type="checkbox"/> University <input type="checkbox"/> International Organization <input type="checkbox"/> Other</p>		
<p>I, the undersigned, have the power and authority to submit this application on behalf of my company/organization:</p> <p>Name: Title:</p> <p>Date: Signature:</p>		

Please make sure that you have given all the information requested.

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