

Membership Application Form

We apply for membership as (tick appropriate):	
<input type="checkbox"/> NREN Member <input type="checkbox"/> Affiliate Member <input type="checkbox"/> Industry Member	
in accordance with Article 4 of the Constitution of the Registered Trustees of UbuntuNet Alliance for Research and Education Networking	
Name of Organisation (including acronym):	
Address:	
City:	Country:
Email:	Phone:
Fax:	Url:
Geographic scope of representation (Country/Region):	
Nature of Legal entity (e.g. Association, Trust, etc.):	Principle activities of the Organisation:
Name and contact details of CEO and/or other officer to serve as the point of contact:	Title:
Email:	Phone:
Fax:	
We have taken notice of the current statutes of UbuntuNet Alliance and accept all our obligations thereunder.	
Name and Office of authorised person:	
<hr/>	
Signature:	Date:
Please attach the necessary documents as described on the Membership application information page	
Please send form and accompanying documents as PDF files to: info@ubuntunet.net	