Sector Membership Application Form

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.

| In accordance with Article 19 of the ITU Convention, the following company/organization: | | |
|--|--------|-------------------|
| Name: | | |
| Contact person: | | |
| Mailing address: | | |
| · · · · · · · · · · · · · · · · · · · | | |
| | | |
| Tel.: Fax: | | |
| E-mail: | | |
| wishes to become a Member of: (Please tick the appropriate box) | | |
| □ ITU-R □ ITU-T | | ITU-D |
| It intends to select the class of contribution of: (Please fill in as appropriate) | | |
| units* (ITU-R)units* (ITU-T)u | units* | (ITU-D) |
| * For information, the amount of the contributory unit for a Sector Member is CHF 63,600.– for the period 2008-2009. The scale of contributions ranges from the 1/16 to the 40 unit class. The class of contribution may be freely chosen. However, the 1/16, 1/8 and 1/4 unit classes apply solely to participation in ITU-D, and the 1/16 unit is reserved for Sector Members from developing countries participating in ITU-D. The minimum unit class in ITU-R and ITU-T is 1/2. 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. | | |
| in the category of: (Please tick the appropriate box) | | |
| recognized operating agency scientific or industrial or | raaniz | zation |
| □ financial or development institution □ other entity dealing with | - | |
| regional and other international telecommunication, standardization, financial or development organization | | |
| Kindly indicate your sphere of activities: (Please tick the appropriate box) | | |
| Network Operator Service Provider | | Internet Services |
| Voice Networks Manufacturers | | Research Agency |
| Investment BankTelecommunication Consultancy | | Regulator |
| University International Organization | | Other |
| I, the undersigned, have the power and authority to submit this application on behalf of my company/organization: | | |
| Name: | | |
| Date: Signature: | | |

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

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