



# Asia Pacific Top Level Domain Association

## APTLD MEMBERSHIP APPLICATION FORM

To the Board of APTLD

**Name of Organization:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

The above organization applies for Membership of Asia Pacific Top Level Domain Association (APTLD), in accordance with the provisions of the Constitution of APTLD. The Applicant agrees to abide by the provisions set forth in the Constitution and by any term and condition determined by the Board and it will neither do, nor permit its employees to do, anything which may bring the Association into disrepute.

### Guidelines for voluntary APTLD Membership Band Selection

Ordinary (ccTLD's only)	Associate <sup>1</sup>	Band	Fee	# of Domains	US\$ equivalent Revenue
<input type="checkbox"/>	<input type="checkbox"/>	1	US\$150	<1,000	<\$10,000
<input type="checkbox"/>	<input type="checkbox"/>	2	US\$500	<5,000	<\$50,000
<input type="checkbox"/>	<input type="checkbox"/>	3	US\$1,500	<30,000	<\$200,000
<input type="checkbox"/>	<input type="checkbox"/>	4	US\$3,000	<60,000	<\$400,000
<input type="checkbox"/>	<input type="checkbox"/>	5	US\$5,000	<100,000	<\$500,000
<input type="checkbox"/>	<input type="checkbox"/>	6	US\$7,500	<200,000	<\$750,000
<input type="checkbox"/>	<input type="checkbox"/>	7	US\$10,000	<250,000	<\$1,000,000
<input type="checkbox"/>	<input type="checkbox"/>	8	US\$15,000	<500,000	<\$2,000,000
<input type="checkbox"/>	<input type="checkbox"/>	9	US\$20,000	<750,000	<\$5,000,000
<input type="checkbox"/>	<input type="checkbox"/>	10	US\$25,000	>750,000	>\$5,000,000

**Representative**  
**Name:** \_\_\_\_\_  
**Organisation Name:** \_\_\_\_\_ (if different from applicant)  
**Address:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**The Application is Authorized by**  
**Name:** \_\_\_\_\_  
**Organisation Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_

**Billing Contact**  
**Name:** \_\_\_\_\_  
**Organisation Name:** \_\_\_\_\_ (if different from applicant)  
**Address:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Signature of the Authorizer:** \_\_\_\_\_

<b>Date:</b> _____	<b>Please submit this form to APTLD Secretariat</b> InternetNZ, PO Box 11881, Wellington, New Zealand Tel: +64 4 495 2119 Fax: +64 4 495 2115 <small>Revised November 2007</small>
--------------------	---

<sup>1</sup> Associate Membership fee is at the discretion of the APTLD Board