



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 ¹	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\$750	<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

NB: Membership Fees are not refundable and are applied on a pro rata basis by quarter.

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:

The authorised applicant has the full authority to apply for membership in APTLD on behalf of the relevant organisation.

Date: _____	Please submit this form to APTLD Secretariat Unit 2002-2005, 20/F ING Tower, 308 Des Voeux Rd Central, Sheung Wan Hong Kong Tel: +852 2319 3830 Fax: +852 2319 2626
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Revised Feb 2009

¹ Associate Membership fee is at the discretion of the APTLD Board

APTLD

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