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Membership Application Form

Legal Name of Internet Service Provide	er / Company:	
Trade Name (if applicable):		
Postal Address:		
Telephone Number:	Fax Number:	
E-Mail (primary medium for all official	communication):	
Appointed representative to TISPA (if o	ther than signatory below):	
Name:	Positi	on:
E-Mail:	Cell p	hone:
Name:	Posit	ion:
E-Mail:	Cell p	phone:
In doing so we have read and agree settle our membership dues prom	ee to abide by the constitution and ptly at the beginning of each year.	Internet Service Providers Association (TISPA) d any other by-laws of the association as well a consider ourselves as being members.
Signed:	Name	ə <i>:</i>
Dated:	Positi	ion:

Official Company Stamp: