

Membership Application Form

Please fill the following information of your Organization in ENGLISH language.

Membership Type: **Principal Member** **Enterprise Member**

Organization Information

Organization Name

Organization Type Government Organization Registered Forum/Association/Group
Registered Company/Enterprise/Business Others

Country / Region

Correspondence Address
(with Country and Postal Code)

Telephone (with Country Code)

Organization Email ID

Organization Contact: (head / In charge of the Organization.)

Full Name

Designation / Position

Mobile

Email ID

Membership Contact 1: (Can be same as Organization contact)

Full Name

Designation / Position

Mobile

Email ID

Membership Contact 2: (Can be same as Organization contact, but different form Contact 1)

Full Name

Designation / Position

Mobile

Email ID

I hereby confirm the details submitted in this form. This form is being submitted on behalf of my Organization. I am having suitable authority to sign this form on behalf of my Organization. I accept the Asia PKI Consortium Charter and Bylaws (available as on date and amended from time to time as per the provisions and procedures of the Consortium).

Date of Application

Signature

Signatory Name

Signatory Designation