

This membership application form must be fully completed and submit to the Secretariat of iBurst Association (iBA). All payment should be made payable to **'iBurst Association'**. The membership will only be processed upon receipt of the entrance fee (non-refundable) and annual membership fee. Application for membership must be proposed by a member and seconded by another member of the Association. The entrance fee and annual subscription must be paid within fourteen (14) days of its being approved by the Membership and Policy Committee to be officially considered as a member and shall be entitled to all privileges subject to the types of membership it applied.

**Member Details**

Company Name : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 \_\_\_\_\_  
 Country : \_\_\_\_\_  
 Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Website : \_\_\_\_\_  
 Business Nature : \_\_\_\_\_  
 Company Registration Number : \_\_\_\_\_  
 Are you a current iBurst operator?  Yes  No  
 If yes, frequency obtained for iBurst deployment is from \_\_\_\_MHz to \_\_\_\_MHz

**Company's Senior Management Details (e.g. CEO/MD/Chairman)**

Name : \_\_\_\_\_  
 Designation : \_\_\_\_\_  
 Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Key Contact Person for iBA Activities**

Name : \_\_\_\_\_  
 Designation : \_\_\_\_\_  
 Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Proposer and Seconder (To be filled by existing iBA member)**

Proposer (Name of Company) : \_\_\_\_\_  
 Membership Number : \_\_\_\_\_  
 Signature : \_\_\_\_\_  
 Seconder (Name of Company) : \_\_\_\_\_  
 Membership Number : \_\_\_\_\_  
 Signature : \_\_\_\_\_

**Declaration**

I hereby declare and certify that all the information given by us in this application is true and accurate, also agree to provide any other information that may be required by the iBurst Association (iBA) to process this application. I acknowledge that iBA reserves the right to reject our application without assigning any reasons therefore. iBA is hereby unconditionally authorized to disclose any information given by us herein to any party(s) in connection with its iBA objectives.

\_\_\_\_\_  
 Signature of Authorized Personnel

\_\_\_\_\_  
 Company Chop

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

**I wish to apply for the following membership:**

Membership	Fees (USD) per Annum	Please ✓
<b>ENTRANCE FEE</b>	150	✓
<b>REGISTERED MEMBER</b>		
iBurst Operators	3,000	
iBurst Equipment Suppliers with ownership of IP Right	3,000	
<b>ASSOCIATE MEMBER (MANUFACTURER CATEGORY)</b>		
Manufacturers and Equipment Suppliers	3,000	
<b>ASSOCIATE MEMBER (NON-MANUFACTURER CATEGORY)</b>		
Telco/Research Institution/Service Provider/Resellers/Venture Capital Firm/System Integrator	1,000	
Telecommunication Regulator/Ministry of Telecommunication/Government Organizations	1,000	
Private Company/Sole Proprietor Offering ICT Services/Commercial Organization	1,000	

\*Please refer the membership category details from [www.iburst.org](http://www.iburst.org).

**Payment Mode (Please ✓)**

I enclosed my cheque/Draft payable to "iBurst Association"

I am paying by Telegraphic Transfer (TT)

You can TT the fund to us as follow:

Payable to : iBurst Association  
 Bank : Standard Chartered Bank (M) Berhad  
 Bank Address : No. 2, Lebu Pantai,  
 10300 Penang, Malaysia  
 Switchcode : SCBLMYKX  
 Bank Account : 407156818726

Note : Kindly forward the scan copy of your TT Remittance Slip to [secgen@iburst.org](mailto:secgen@iburst.org) once the remittance was completed. Thank you.

**Administration Details**

Fax, email or mail the completed Membership Application form to the attention of **iBA SECRETARIAT** at:

**iBurst Association (iBA)** (1845-07-PPG)  
 Unit No. 1-5-34, Krystal Point Corporate Park,  
 Lebu Bukit Kecil 6, off Jalan Tun Dr. Awang,  
 11900 Bayan Lepas, Penang, Malaysia  
 Tel: (+604) 646 3381 Fax: (+604) 646 3382  
 Email : [secgen@iburst.org](mailto:secgen@iburst.org)  
 Website : [www.iburst.org](http://www.iburst.org)