



# Caribbean Telecommunications Union

## Application for Membership

**Country/Organisation:** .....

**Representative:** .....

**Title:** .....

**Administrative Address:** .....

.....  
.....  
.....

**Country:** ..... **E-Mail:** .....

**Telephone:** ..... **Fax:** .....

**Hereby applies for membership member in the following category:**

*(Please tick the appropriate box)*

- |   |   |
|---|---|
| <input type="checkbox"/> State Membership             | <input type="checkbox"/> Associate State Membership |
| <input type="checkbox"/> Private Sector Membership    | <input type="checkbox"/> Civil Society Membership   |
| <input type="checkbox"/> Regulatory Agency Membership |   |

**Please indicate the nature of your business:**

*(Please tick appropriate box)*

- |   |  |
|---|--|
| <input type="checkbox"/> International Carrier                | <input type="checkbox"/> Internet Service Provider     |
| <input type="checkbox"/> Voice/Data Network Operator          | <input type="checkbox"/> Academic Institution          |
| <input type="checkbox"/> Telecom Equipment Manufacturer       | <input type="checkbox"/> Research Agency               |
| <input type="checkbox"/> Telecommunication Consultancy        | <input type="checkbox"/> Regulatory Agency             |
| <input type="checkbox"/> Regional/ International Organisation | <input type="checkbox"/> NGO                           |
| <input type="checkbox"/> Trade/ Industry Association          | <input type="checkbox"/> Financial Institution         |
| <input type="checkbox"/> Government Ministry                  | <input type="checkbox"/> Other <i>(Please Specify)</i> |



## Application for Membership

**Please indicate the primary area in which you would make a contribution:**

*(Please tick appropriate boxes)*

- |   |   |
|---|---|
| <input type="checkbox"/> Policy Formulation       | <input type="checkbox"/> Technical Standards              |
| <input type="checkbox"/> Technology Updates       | <input type="checkbox"/> Capacity Building                |
| <input type="checkbox"/> Research Studies         | <input type="checkbox"/> Development                      |
| <input type="checkbox"/> Technical Working Groups | <input type="checkbox"/> Other ( <i>Please specify.</i> ) |

**We, the undersigned, have the power and authority to submit this application on behalf of my Country/Organisation:**

**Name 1:** ..... **Title:** .....

**Date:** ..... **Signature:** .....

**Name 2:** ..... **Title:** .....

**Date:** ..... **Signature:** .....

### Notes

- Affix Country/Organisation Seal or Stamp in the space below the signatures.*
- Completed application forms are to be returned to the CTU Secretariat for the Attention of the Secretary General at:  
3rd Floor, Victoria Park Suites,  
14-17 Victoria Square,  
Port of Spain,  
Trinidad and Tobago.  
Fax: (868) 623 1523 E-Mail: [ctunion@c-t-u.org](mailto:ctunion@c-t-u.org).*
- Application Forms must be accompanied by an overview of the Country/Organisation.*
- Countries/Organisations accepted for membership will be notified and advised of the Membership Fee.*
- Acceptance into membership will only become effective on receipt by the Secretariat of annual membership fee.*
- Queries may be directed to the CTU Secretariat at Telephone: 1-868-627-0281*