

CABASE NATIONAL IXP NETWORK

MEMBERSHIP APPLICATION

Date.....12/13.....20..18.....

To: CABASE IXP ADMINISTRATION SUB-COMMITTEE
The CABASE IXP Vice-President

Dear Sir,

We are pleased to address this request to you for approval of membership in the CABASE.....Pillar.....IXP (Indicate which IXP)

We select the following membership category:

- FULL MEMBER**
- SPECIAL MEMBER** (Universities, Municipalities and Government Entities)

DETAILS OF TECHNICIAN IN CHARGE 1

NAME..... Joseph Perez

Direct Phone No..... 813-294-6661Cellphone..... 813-294-6661

Availability Hours..... 8am-5pm EST Monday-Friday

eMail jperez@edgeconnex.com

DETAILS OF TECHNICIAN IN CHARGE 2

NAME..... Brian Bellis

Direct Phone No..... 202-997-1336Cellphone..... 202-997-1336

Availability Hours..... 8am-5pm EST Monday-Friday

eMail bbellis@edgeconnex.com

DATA FOR THE CABASE REGIONAL IXP LIST


NAME	MAIL
Joseph Perez	jperez@edgeconnex.com
Brian Bellis	bbellis@edgeconnex.com

We await your quick and favourable response.

Yours truly,

Company Name:
EDGECONNEX S.A.U.

Brand Name :

Signature:


Signee Name:
Edmund Wilson

Title:
COO

Seal: DC0208F640C...