

## APIX MEMBERSHIP APPLICATION

The Organization \_\_\_\_\_,  
operating the Internet Exchange \_\_\_\_\_, requests to  
become a member of APIX.

By signing, we acknowledge the APIX bylaws and agree not to disclose any  
information deemed for APIX members only.

Signature: \_\_\_\_\_

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

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

### IXP Information

IXP name	
Country (Country code or Country Name)	
Contact name	
Contact phone	
Contact email	
Contact address	
Website	
IPv4 Peering LAN prefix	
IPv6 Peering LAN prefix	
IXP Route Server ASN	
PeeringDB ID	
IXPDB ID	

### Contact Information

Please provide up to two administrative and up to three financial contacts. If you  
don't provide a financial contact, we will use the administrative contact.

Name	Email	Role
		Admin
		Admin
		Financial
		Financial
		Financial