

Please Fax to : +49-40-25 300 722 or send to:

Request for membership within HHCIX e.V.

HHCIX e.V. Langenhorner Chaussee 42, 22335 Hamburg, Email: info@hhcix.de (Vers. 1.42E 4.4.2003)

Herewith I/we do request, with regards to the constitution and related membership fees of the HHCIX e.V. and acceptance to , a

Membership:

I/ we ask to become 1) regular active member or 2) non active member of honour !
(please tick as appropriate)

I/ We am/are member of RIPE my/our A S – number (s) : _____

... have requested for RIPE membership

... are not member of RIPE

Name/Company: _____

address: _____

(Zip-code/location/Country, street etc.)

main business activity: _____

(profession)

Reg.-No. chamber of commerce: _____

Communication: (company)

Tel : _____

(main reception)

Fax: _____

(main reception)

HTTP:// _____

Representative(s): (authorized by management)

Name / Surname : _____

Funktion: _____

Telephone/Mobile : _____

Email: _____

Request for Peering: at the HHCIX locations (details see additional peering request form)

(please tick as appropriate) no Peering requested

(location and date)

(signature of authorization)

(clarification of name : _____)