



Form MRGC 01/06 v1

APPLICATION FOR MRGC MEMBERSHIP

1. Applicant Organisation Name:

2. Type of Organisation

Operator

Licensed

Letter of Intent Issued

Applicant for Licence

Class _____

Service Provider

Legal

Financial

Internet Service Provider

Other _____

3. Contact Person

Name _____ Position _____

Address _____

Telephone No: _____ Fax No: _____

Mobile No : _____

Email Address: _____

Name of Key Official of the Organisation _____

Other contact person _____

Please send the completed form to: MRGC, PO Box 87, Birkirkara, Malta