



Form MRGC 01/11 v2

APPLICATION FOR MRGC MEMBERSHIP

1. Applicant Organisation Name:

2. Type of Organisation

Operator

Licensed	<input type="checkbox"/>
Letter of Intent Issued	<input type="checkbox"/>
Applicant for License	<input type="checkbox"/>
Class	_____

Service Provider

Legal	<input type="checkbox"/>
Financial	<input type="checkbox"/>
Internet Service Provider	<input type="checkbox"/>
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, Tower Business Centre, Tower Street, Swatar, BKR3013, Malta