

## MEMBER IDENTITY AND DATA FORM

### Company/Body <sup>(1)</sup>

Company Name _____
Address _____
Post Code _____ City _____
Province _____ Country _____
E-mail _____
Phone _____ Fax _____
Sito Internet _____

### Peering Contact/Coordinator <sup>(2)</sup>

AS Number _____
Peering Policy <input type="checkbox"/> Open <input type="checkbox"/> Selective <input type="checkbox"/> Closed
Peering Policy details _____
Peering Contact/Coordinator e-mail _____

### Operations <sup>(4)</sup>

Surname _____ Name _____
E-mail address _____
Phone _____ Fax _____
Mobile _____ Other _____

### Billing Contact <sup>(4)</sup>

Surname _____ Name _____
E-mail Address _____
Phone _____ Fax _____
Mobile _____ Other _____

### Technical Staff / NOC <sup>(5)</sup>

Surname _____ Name _____
E-mail Address _____
Phone _____ Fax _____
Mobile _____ Other _____

## FILLING RULES

In case of problems or doubts, please contacts:

[staff@top-ix.org](mailto:staff@top-ix.org)

- (1) Name and address of the Company/Body which requests to join the Consortium.
- (2) In case of Company/Body with an assigned AS (Autonomous System) Number, please specify the AS Number and the peering policy details, including the Peering Contact/Coordinator data to be reported on the TOP-IX website as “Peering Contact”.
- (3) Company/Body contact in charge of the operations, to be reported on the TOP-IX website as “Representative Point”.
- (4) Company/Body contact in charge of the billing/administrative activities (if different from the “Representative Point”).
- (5) Name, Surname and data of the technical staff representative and/or NOC data to be contacted for technical problems (if different from the “Representative Point”).