



WITSA Membership Application Form

Please complete and return this form to:-

World Information Technology and Services Alliance (WITSA)

Dato' Dan E Khoo

Chief Executive Officer

Email: danekhoo@witsa.org / Telephone: +1 650 318 7178, USA; +60 12 650 8392, Malaysia

Section A: Membership Category

Please tick (✓) the Appropriate Category	
<input type="checkbox"/>	Regular Membership (annual membership dues apply)
<input type="checkbox"/>	Associate Membership (no voting rights*)

*See the WITSA Bylaws (Section 4) for further information about membership types and rights.

Section B: Particulars of the Association/Corporation/Government Entity/Other

Name:			
Date Incorporated:			
Registered Address:			City/State:
Country/ Economy:			
Contact Number:	Fax Number:		
Total No. of Members (Association) :			
Mission of Association:			
<ul style="list-style-type: none"> ▪ Please explain why your association is the leading ICT Industry Association within your country or economy. ▪ <i>Limit No more than 100 words.</i> ▪ Supporting documents are welcome (attached). 			



Section C: Association Representatives Related to WITSA Matters

Chairman/CEO/President			
Name:			
Contact Number:		Fax Number:	
Mobile:		Email:	
Primary Contact			
Name:			
Title:			
Contact Number:		Fax Number:	
Mobile:		Email:	
Secondary Contact			
Name:			
Title:			
Contact Number:		Fax Number:	
Mobile:		Email:	

Section D: Supporting Documents

- Brief profile of your association
- Brief write-up on principal activities, products & services (*if any*).

Section E: Declaration

The undersigned declares that the information provided in this application form is correct. The undersigned understands and agrees to abide by WITSA's Bylaws (www.WITSA.org), if admitted as a member of WITSA. The undersigned agree to keep WITSA informed of any material changes within the organization that may negatively affect WITSA. The undersigned declares that there are no current or forthcoming legal proceedings or actions against the member organization that may in any way negatively affect WITSA.

Organization Representative

Name (Print): _____

Signature: _____

Date: / /

Approved () Disapproved () by WITSA Regional Vice Chairperson Date: / /
 Approved () Disapproved () by WITSA Board of Directors Date: / /

Disclaimer:

New members will only be admitted with the approval of two-thirds of the members present at a General Assembly or with the approval of two-thirds of the overall of Directors at a Board of Directors meeting.