



## APPLICATION FORM FOR ASSOCIATE MEMBERSHIP ON PCCs

**CITEL Member State:**

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**Date:**

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**Name of  
company/organization/entity  
applying for Associate Membership:**

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**Brief description of  
company/organization/entity  
activities:**

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**Permanent Consultative Committee  
on which Associate Membership is  
sought:**

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**Number of contributory units  
chosen for each Permanent  
Consultative Committee on which  
Membership is sought:**

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**Person authorized to submit  
application on behalf of  
company/organization/entity:**

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**Name:**

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**Position:**

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**Address:**

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**Telephone:**

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**Fax:**

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**E-mail :**

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**Signature:**

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**Authority responsible for the telecommunications administration approving the applicant's  
participation as an Associate Member:**

**Name:**

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**Position:**

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**Administration:**

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**Signature:**

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To obtain further information, please contact with:

Mr. Oscar Leon  
Executive Secretary of CITEL  
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USA

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