

EURO-IX FELLOWSHIP PROGRAM FUNDING MEMBER FORM

1. General Information

Organisation Name: _____

Euro-IX Membership Type:

- Standard
- Associate
- Remote
- Not Applicable

City: _____

Country: _____

2. Funding Information

I wish to fund Euro-IX Fellowship Program with the amount of:

EUR _____

If you wish to direct the funds to particular requesting Members, please specify below:

Requesting Member(s):

Amount(s):

1/ _____

EUR _____

2/ _____

EUR _____

3/ _____

EUR _____

4/ _____

EUR _____

5/ _____

EUR _____

I hereby certify that I am the owner/legal representative of the above organization and that all the information given on this application is true and correct.

Name of Signatory: _____

Location: _____

Title of Signatory: _____

Date: _____

Signature: _____