

Applications should be submitted electronically to <u>staff@atlarge.icann.org</u>. Please address any questions about the applications process to this address.

The form can be downloaded from <u>http://www.atlarge.icann.org/files/atlarge/als-application-form-en.doc</u>

## **Organisation Contact information**

- 1. Organisation's Name:
- 2. Organisation's email address: \_\_\_\_\_
- 3. Organisation's phone number (include country/city codes):
- 4. Organisation's address (location and postal address, if different):

5. Organisation's website (URL) (if available):

Primary and Secondary Contact for Organisation:

If accredited, the primary contact will be assumed to be that person who will cast any votes required, with the secondary person being the alternate – though your Organisation may at any time change its voting and alternate representatives.

- 6. Primary contact:
  - a. Name: \_\_\_\_\_
  - b. Email address: \_\_\_\_\_
  - c. Telephone: \_\_\_\_\_
- 7. Secondary Contact:
  - a. Name: \_\_\_\_\_

- b. Email address: \_\_\_\_\_
- c. Telephone: \_\_\_\_\_

## Description

- 1. Structure and Governance:
  - a. Is your Organisation constituted so that individual Internet users who are citizens or residents of countries within the Geographic Region in which your Organisation is based control your Organisation?

Indicate Yes or No: \_\_\_\_\_

- b. Please explain the answer above in sufficient detail so that a person not familiar with your Organisation would be able to understand the reasons for your answer, and attach or reference the URLs where any statutes or operating principles or other supporting information related to this question can be found:
- c. Is your organization formally incorporated or organized under a national legal jurisdiction?

Indicate Yes or No: \_\_\_\_\_

IF YES: Please describe what legal recognition it has and indicate the place of legal incorporation or registration

d. Describe your Organisation's structure (e.g. governing and decisionmaking bodies and processes):

e. Does your organization have written bylaws or other constitutional instruments?

Indicate Yes or No: \_\_\_\_\_

IF YES: Please provide a copy along with your application (in English if available)

f. Explain the eligibility requirements (if any) for your Organisation's constituents/membership (if you provide a written application for admission as a member, you may attach a copy):

- g. In what language/s does your Organisation conduct its business?
- 2. About Your Members
  - a. Do you have individual members with the ability to vote in or otherwise control the management of the organization?

Indicate Yes or No:

IF NO: Describe what role individuals have in the management and work of the organization.

b. Do you have organisations as all or part of your membership?

Indicate Yes or No: \_\_\_\_\_

IF YES: Describe whether they are profit-making, non-profit-making, a mixture of both, and/or what proportion of the total membership each type of private sector organization is. Please also describe what the nature of the organizational members is: For example, are they all of a similar type or interested in a similar activity or policy area?

c. Do you have governmental bodies, or quasi-governmental bodies, as members of your organisation?

Indicate Yes or No: \_\_\_\_\_

IF YES: Please describe their nature and role in the decision-making and work of your organization, and the proportion of the total membership made up of these types of organization.

- d. Describe the general membership are they predominately of one (or more) professional background or interest group? (e.g. journalists, online rights activists, consumer organizations, individual consumers, etc.):
- e. Describe how your Organisation keeps its constituents/membership informed about, and enables them to participate in, decisions regarding issues of interest:
- f. Approximately how many members, of each type of membership class if you have more than one, do you have?

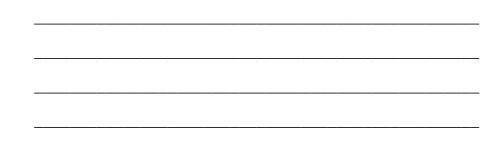
3. Provide support for the statement that your Organisation is self-supporting (by answering "yes" you confirm that it will not rely on ICANN for funding):

Indicate Yes or No: \_\_\_\_\_

- 4. What is the primary source, or sources, of funding for your Organisation? (if unfunded/entirely voluntary simply indicate "N/A"):
- 5. Do you receive any funding from government agencies or for-profit entities? If so, please describe below and describe their involvement in the activities of the organization (if they so participate):
- Does your Organisation commit to supporting its individual constituents'/membership's informed participation in ICANN? Indicate Yes or No:
- 6. Does your Organisation post on the Internet publicly-accessible, current information about your Organisation's goals, structure, description of constituent group(s)/membership, working mechanisms, leadership, and contact(s) (if this information currently is available, provide URLs)?

Indicate Yes or No: \_\_\_\_\_

7. Provide information on your Organisation's leadership (leaders' names, positions, emails):



## Objectives

1. Please describe your Organisation's mission and purpose (please attach any mission or policy statement for your Organisation, if in writing, or provide a URL, if posted):

- 2. What ICANN-related issues currently are of interest to your Organisation's constituents/membership:
- 3. If your Organisation is accredited, will it commit to participating actively in the Regional At-Large Organisation (RALO) for the region in which your Organisation is based?

Indicate Yes or No:	
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4. If your Organisation is accredited, does it or will it agree to adhere to the provisions of the Memorandum of Understanding (MoU) between the other ALSes in your Geographic Region and ICANN, as if it were an original signer of that document?

Indicate Yes or No: \_\_\_\_\_

The texts of the MoUs can be found at: https://community.icann.org/display/atlarge/Reference+Texts

## Signature

Include the name, and title, if applicable, of the individual who is authorized by your Organisation to sign this application and commit your Organisation to comply with ALS criteria.

Signature: \_\_\_\_\_

Name:\_\_\_\_\_

Date:	 		

Title:	