



Advisory Council

Expression of Interest

Name of Organization		
Organization's Website		
Applicant's Name		
Applicant's Title		
Address		
Phone	Work:	Cell:
E-Mail Address		
Industry Sector (e.g., banking, insurance, etc.)		
Purpose of Organization		
Type of Organization (e.g., for profit, non-profit, etc.)		
If trade association, approx. number & locations of members (e.g., countries)		
Area(s) of Expertise		
Secondary Contact (scheduling)		
Secondary Contact's email / phone		

Interest

Reason(s) for wishing to serve on the Advisory Council

Agreement

By submitting this Expression of Interest, I affirm that the facts set forth in it are true and complete. I understand that if I am selected as a volunteer, any false statements, omissions, or other misrepresentations made by me in this Expression of Interest may result in my immediate dismissal.

Signature/Date	
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To return your Expression of Interest

Thank you for your interest. Please return this form to AC@fTLD.com by March 7, 2019.