**Request to join the .POST Group (DPG) as Full Member**

The form is to be e-mailed to the following address:

.POST Group Secretariat

International Bureau

Universal Postal Union

3015 BERNE

SWITZERLAND

E-mail: secretariat@info.post or mayssam.sabra@upu.int

Name of UPU member country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned [[1]](#footnote-2) , hereby declare that the organization of the above-mentioned UPU member country adheres to the principles and objectives of the UPU's .POST Group, as outlined in Articles 1 and 2 of the Rules of Procedure of the .POST Group.

The organization opts for membership class (L, 1, 2, 3, 4, 5):

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Official Representative* | *Billing Contact* | *Technical Contact* |
| Name |  |  |  |
| Given name |  |  |  |
| Designation (Mr, Ms, Dr, .) |  |  |  |
| Title |  |  |  |
| Department/ Division |  |  |  |
| Telephone |  |  |  |
| Fax |  |  |  |
| E-mail address |  |  |  |
| Postal address |  |  |  |

Place and date Signature

1. Please state name and position. [↑](#footnote-ref-2)