



APPLICATION FOR ASSOCIATE MEMBERSHIP

Company Name _____ Web Site _____

Would your company like a *FREE* direct link to TTA's Web site? ___ Yes ___ No

Primary Contact

Name _____ Title _____

Mailing Address _____ City/State/Zip _____

Street Address _____ City/State/Zip _____

Phone _____ Fax _____ E-Mail _____

Additional Contact(s)

Name _____ Title _____

Mailing Address _____ City/State/Zip _____

Street Address _____ City/State/Zip _____

Phone _____ Fax _____ E-Mail _____

Name _____ Title _____

Mailing Address _____ City/State/Zip _____

Street Address _____ City/State/Zip _____

Phone _____ Fax _____ E-Mail _____

Please indicate the three (3) principal services or products your company provides to the telecommunications industry.

- | | | |
|---|--|--|
| <input type="checkbox"/> Access Services | <input type="checkbox"/> Consulting | <input type="checkbox"/> Marketing/Public Relations |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Database Management | <input type="checkbox"/> Mobile Communications |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Data Processing | <input type="checkbox"/> Network Design/Construction |
| <input type="checkbox"/> Billing & Collection | <input type="checkbox"/> Direct Broadcast Satellite TV | <input type="checkbox"/> Paging Systems |
| <input type="checkbox"/> Broadband Transmission Systems | <input type="checkbox"/> Directory Publisher | <input type="checkbox"/> Pay Telephones |
| <input type="checkbox"/> Brokers | <input type="checkbox"/> Distributor | <input type="checkbox"/> Personal Communication Services |
| <input type="checkbox"/> Business Appraisers | <input type="checkbox"/> Engineering | <input type="checkbox"/> Prepaid Calling |
| <input type="checkbox"/> Cable TV | <input type="checkbox"/> EF&I Services | <input type="checkbox"/> Printing/Publishing |
| <input type="checkbox"/> Carrier Equipment | <input type="checkbox"/> Fiber Optic | <input type="checkbox"/> Protective Equipment |
| <input type="checkbox"/> Cellular | <input type="checkbox"/> Financial | <input type="checkbox"/> Safety Tape/Markers |
| <input type="checkbox"/> Central Office Equipment | <input type="checkbox"/> Information Management | <input type="checkbox"/> Telemarketing |
| <input type="checkbox"/> Centrex Systems | <input type="checkbox"/> Insurance | <input type="checkbox"/> Test Equipment |
| <input type="checkbox"/> CLEC | <input type="checkbox"/> Inter-exchange | <input type="checkbox"/> Training/Educational |
| <input type="checkbox"/> Communications Equipment. | <input type="checkbox"/> Internet | <input type="checkbox"/> Video Conferencing |
| <input type="checkbox"/> Computer Hardware | <input type="checkbox"/> ISDN Products | <input type="checkbox"/> Voice Mail Messaging |
| <input type="checkbox"/> Computer Software | <input type="checkbox"/> Legal/Regulatory | <input type="checkbox"/> Wireless Communications |
| <input type="checkbox"/> Conference Calling Services | <input type="checkbox"/> Manufacturer's Representative | <input type="checkbox"/> Yellow Pages Advertising |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Mapping | |
- Other _____

ASSOCIATE MEMBERSHIP CATEGORIES

Associate member dues are billed on a calendar year basis (January-December) according to these categories:

- ___ Local (One corporate location, whether in Texas or another state) \$350
- ___ State or National (Multiple locations operating in Texas and other states)..... \$650

Please provide a brief description of products &/or services provided. This information will also be used for TTA Member Directory (Please limit to 25-30 words):

METHOD OF PAYMENT

Please make checks payable to:

**Texas Telephone Association
1717 W. 6th Street - Suite 370
Austin, TX 78703**

If paying by credit card, please fax this form to:
Richard Walters, Director of Member Services at 512/472-1293

Cash Check Visa MasterCard American Express

Name of Cardholder _____ Signature _____

Card Number _____ Expiration Date _____

Form completed by _____ Phone _____ Date _____

NOTE: This constitutes an application for membership subject to approval by the Board of Directors. Dues are paid on a calendar year basis and are deductible as an ordinary and necessary business expense. The non-deductible portion of dues is 25 percent.