



# Associate Membership Application

Thank you for your interest in applying for associate membership with the Alaska Telecom Association. Please complete the form below and return it to our office. Your application will be presented to the ATA Board of Directors at the next scheduled meeting. Upon acceptance by the Board, you will receive a letter so stating and your company will be listed in the membership directory. You will be placed on our mailing list to receive all memos and materials' pertaining to ATA's many activities throughout the year. You will also receive discounted rates when you attend any of our conferences or trade show. If you have any questions or comments, please do not hesitate to contact our office. Thank you again and we look forward to welcoming you as a new member!

## Organization Information

|         |                      |                  |                      |                |                      |
|---------|----------------------|------------------|----------------------|----------------|----------------------|
| Company | <input type="text"/> | Address          | <input type="text"/> | Main Phone     | <input type="text"/> |
| Email   | <input type="text"/> | Address          | <input type="text"/> | Main Fax       | <input type="text"/> |
| Website | <input type="text"/> | City, State, Zip | <input type="text"/> | Date Submitted | <input type="text"/> |

## Primary Contact Information

|       |                      |                  |                      |        |                      |
|-------|----------------------|------------------|----------------------|--------|----------------------|
| Name  | <input type="text"/> | Address          | <input type="text"/> | Phone  | <input type="text"/> |
| Title | <input type="text"/> | Address          | <input type="text"/> | Mobile | <input type="text"/> |
| Email | <input type="text"/> | City, State, Zip | <input type="text"/> | Fax    | <input type="text"/> |

## Billing Contact Information

|       |                      |                  |                      |        |                      |
|-------|----------------------|------------------|----------------------|--------|----------------------|
| Name  | <input type="text"/> | Address          | <input type="text"/> | Phone  | <input type="text"/> |
| Title | <input type="text"/> | Address          | <input type="text"/> | Mobile | <input type="text"/> |
| Email | <input type="text"/> | City, State, Zip | <input type="text"/> | Fax    | <input type="text"/> |

## Additional Key Personnel Contact Information

|              |                      |              |                      |              |                      |
|--------------|----------------------|--------------|----------------------|--------------|----------------------|
| Name & Title | <input type="text"/> | Name & Title | <input type="text"/> | Name & Title | <input type="text"/> |
| Email        | <input type="text"/> | Email        | <input type="text"/> | Email        | <input type="text"/> |
| Phone        | <input type="text"/> | Phone        | <input type="text"/> | Phone        | <input type="text"/> |

Type of Business - Please be product/service specific

ASSOCIATE MEMBER ANNUAL DUES: \$350

*Note: Contributions or gifts to the Alaska Telecom Association are not deductible as charitable contributions for federal income purposes. However, dues payments may be deductible by members as an ordinary and necessary business expense.*