

# PENNSYLVANIA TELEPHONE ASSOCIATION

P.O. BOX 1169, 30 NORTH THIRD STREET, SUITE 300

HARRISBURG, PA 17108-1169

## *Application for Membership*

To the Board of Directors:

After due consideration of the benefits to be derived through membership in the PENNSYLVANIA TELEPHONE ASSOCIATION, the undersigned, certified by the Pennsylvania Public Utility Commission to provide local exchange telephone service in the Commonwealth of Pennsylvania, hereby makes application for **ACTIVE** Membership, subject to the approval of this application by the Board of Directors of the Association.

**Date:** \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

*Please select the appropriate categories:*

- \_\_\_\_\_ *Directory Contact*
- \_\_\_\_\_ *Meeting Information*
- \_\_\_\_\_ *Friday Report*
- \_\_\_\_\_ *Billing/Invoices*

Representative: \_\_\_\_\_

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

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web Site: \_\_\_\_\_

*Additional Contact:*

*Please select the appropriate categories:*

- \_\_\_\_\_ *Directory Contact*
- \_\_\_\_\_ *Meeting Information*
- \_\_\_\_\_ *Friday Report*
- \_\_\_\_\_ *Billing/Invoices*

Representative: \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

*Additional Contact:*

*Please select the appropriate categories:*

- \_\_\_\_\_ *Directory Contact*
- \_\_\_\_\_ *Meeting Information*
- \_\_\_\_\_ *Friday Report*
- \_\_\_\_\_ *Billing/Invoices*

Representative: \_\_\_\_\_

Address \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

\*NOTE: Dues are a minimum fee of \$8,500.00.