

PENNSYLVANIA TELEPHONE ASSOCIATION

30 NORTH THIRD STREET, SUITE 300
HARRISBURG, PA 17101

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 hereby makes application for **ASSOCIATE** Membership, subject to the approval of this application by the Board of Directors of the Association.

State here what you manufacture, sell, or services performed for telephone companies: (this information is listed in our membership directory)

Annual Dues: **\$375.00**
Please remit with this application.

Company: _____
Address: _____

City, State, Zip: _____

Date: _____

Please select the appropriate categories:
Directory Contact
Meeting Information
Friday Report
Billing/Invoices

Representative: _____
Title: _____
Telephone: _____ **Fax:** _____
E-mail: _____
Web Site: _____

Additional Contact:
Please select the appropriate categories:
Directory Contact
Meeting Information
Friday Report
Billing/Invoices

Representative: _____
Title: _____
Address _____

Telephone: _____
Email: _____

Additional Contact:
Please select the appropriate categories:
Directory Contact
Meeting Information
Friday Report
Billing/Invoices

Representative: _____
Title: _____
Address _____

Telephone: _____
Email: _____

Payment Method:
Credit Card# _____
Name as it appears on card: _____

Visa Mastercard Amex
Exp. Date: Billing Zip: _____