



## OTA Membership Application

- Telecommunications Provider .....(Annual dues based on company size)
- Associate Member .....(Annual dues = \$365.00)
- Premier Associate Member .....(Annual dues = \$1,000.00)

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Company Name

Date Formed

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Street and Mailing Address

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City, State and Zip

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Phone Number(s)

Fax Number

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Names and Titles of Principals

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Name and Title of Northwest Representative

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Address (if different from above)

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Phone Number(s)

Fax Number

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Email Address

Web Page Address

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Description of Telecommunications Products and Services Offered:

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Geographic Area Served

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Name, title and email address of person to receive OTA correspondence, event mailings & eNewsletter

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Name, title and email address of person to receive dues invoices and directory update requests

**Please submit application to:**

OTA: 777 13th Street, S.E., Suite 120, Salem, OR 97301-4038 • Office (503) 581-7430 • FAX (503) 581-7457