



## OTA Membership Application

- Telecommunications Provider .....(Annual dues based on company size)  
 Associate Member .....(Annual dues = \$375.00)  
 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: 1149 Court Street, N.E. - Salem, OR 97301-4030 • (503) 581-7430 Email: [mjundt@ota-telecom.org](mailto:mjundt@ota-telecom.org)