

MEMBERSHIP FORM

OREGON TELECOMMUNICATIONS ASSOCIATION



BUSINESS INFORMATION

Company Name

Web Address

Date Formed

Street | Mailing Address

City, State & Zip

Name & Title of Representative

Email Address

Phone Number

Name and Email of Person Submitting
***if different than above**

Additional Contacts for Communication
***include billing and/or event coordinators**

Description of Product/Services

Geographic Area Served

TYPE OF MEMBERSHIP

*Choose Your Type of Membership

- Telecommunications Service Provider.....Annual Dues Based on Company Size
- Premier Associate Member.....\$1,000
- Associate Member.....\$375

*Choose Your Payment Method

- Will Mail a Check Upon Being Invoiced
- Credit Card: A Payment Link Will be Emailed to You
*please note that a 3% processing charge will be added to card payments