



Application for Associate Membership

Associate Member Annual Dues \$325 Plus Application Fee \$125 (Include check with your Application)

COMPANY PROFILE

COMPANY NAME: _____

DBA: _____

Mail Address _____

City, State, Zip _____

Street Address _____

City, State, Zip _____

Main Phone Number: _____ Toll Free Number: _____

Fax Number: _____ URL: _____ # Employees: _____

BILLING INFORMATION

Billing Contact: _____ Title: _____

Billing Address: _____

City, State, Zip _____

Phone: _____ Fax: _____ Email: _____

MAIN COMPANY REPRESENTATIVE(S) (CEO) INDIVIDUAL PROFILE

First: _____ Middle: _____ Last: _____ Preferred: _____ Suffix: _____

Title: _____ Preferred Address: Business Home

Mail Address: _____

City, State, Zip _____

Business Phone: _____ Direct Line: _____

Home Phone: _____ Cell Phone: _____

Fax: _____ Toll Free Line: _____

Email: _____ Birthday: _____

Spouse: _____ Birthday: _____

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(Additional Company Representatives to be included on mailing lists– add pages as needed)

COMPANY REPRESENTATIVE(S) INDIVIDUAL PROFILE

First: _____ Middle: _____ Last: _____ Preferred: _____ Suffix: _____

Title: _____ Preferred Address: Business Home

Mail Address: _____

City, State, Zip _____

Business Phone: _____ Direct Line: _____

Home Phone: _____ Cell Phone: _____

Fax: _____ Toll Free Line: _____

Email: _____ Birthday: _____

Spouse: _____ Birthday: _____

COMPANY REPRESENTATIVE(S) INDIVIDUAL PROFILE

First: _____ Middle: _____ Last: _____ Preferred: _____ Suffix: _____

Title: _____ Preferred Address: Business Home

Mail Address: _____

City, State, Zip _____

Business Phone: _____ Direct Line: _____

Home Phone: _____ Cell Phone: _____

Fax: _____ Toll Free Line: _____

Email: _____ Birthday: _____

Spouse: _____ Birthday: _____

Brief Description of Products / Services (for Board Approval and Membership Directory): _____

Send Completed Application and Check to:

NCTIA
5910 Clyde Rhyne Drive
Sanford, NC 27330

www.nctia.org
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