



**Application for Associate Membership**

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

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**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**  
*Keeping North Carolina Connected*