

WASHINGTON INDEPENDENT TELECOMMUNICATIONS ASSOCIATION APPLICATION FOR MEMBERSHIP

COMPANY NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

TELEPHONE _____ FAX _____

SERVICES/PRODUCTS _____

AREA COVERED _____

MEMBERSHIP CATEGORY _____ Active Member _____ Associate Member _____ Affiliate Member

SIGNATURE OF COMPANY REPRESENTATIVE _____ DATE _____

NAME _____ TITLE _____ TELEPHONE _____

MEMBERSHIP CATEGORIES

ACTIVE MEMBER Companies engaged in the local exchange telecommunications business serving as a carrier of last resort within the State of Washington, which has not been classified as a competitive telecommunications company by the WUTC.

Dues are set by the WITA Board of Trustees.

ASSOCIATE MEMBER Companies directly engaged in the telephone business other than within the State of Washington, or manufacturing companies, sales organizations, publishers of telephone trade journals, or directories, or engineering, advertising, accounting, legal or managerial consultants or organizations, a substantial portion of whose business is with the Association's active members. This is a non-voting membership.

Dues: \$315 per year.

AFFILIATE MEMBER Companies engaged in telecommunications within the State of Washington who are considered to be competitive local exchange carriers and are not incumbent LECs. This is a non-voting membership.

Dues: Multi-state company = \$9,500 In-state company = \$5,000



All WITA members are subject to annual dues (fiscal year July 1 - June 30), payable for the current year, and in July each year thereafter.

PLEASE MAKE YOUR CHECK PAYABLE TO:

WITA
PO Box 2473, Olympia, WA 98507
Tel (360) 352-5453 . . . Fax (360) 352-8886
Email . . . wita@wita-tel.org

**WASHINGTON INDEPENDENT TELECOMMUNICATIONS ASSOCIATION
MEMBER INFORMATION SHEET**

Please provide the following information for our membership files and for publication in the WITA Directory.

Company Name _____

Company Web Site _____

Headquarters Contact _____

Title _____

Address _____

Telephone _____ Fax _____

E-mail Address _____

Washington State Representative _____

Title _____

Address _____

Telephone _____ Fax _____

E-mail Address _____

Other company representatives to be placed on our mailing list: (Please provide full name, title, address, telephone and fax numbers. Attach additional sheet if needed.)

Description of company's services in 25 words or less: _____

Person to receive dues statements:

Name _____

Address _____

Telephone _____ Fax _____

E-mail Address _____

PLEASE RETURN TO:

WITA
PO Box 2473
Olympia, WA 98507

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FOR WITA OFFICE USE
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Date sent to Executive Board _____

_____ Approved _____ Denied _____
Executive Board Member

Comments: _____
