

PENNSYLVANIA TELEPHONE ASSOCIATION

30 NORTH THIRD STREET, SUITE 300
HARRISBURG, PA 17101

Application for Membership

To the Board of Directors:

After due consideration of the benefits to be derived through membership in the PENNSYLVANIA TELEPHONE ASSOCIATION, the undersigned, certified by the Pennsylvania Public Utility Commission to provide local exchange telephone service in the Commonwealth of Pennsylvania, hereby makes application for **ACTIVE** Membership, subject to the approval of this application by the Board of Directors of the Association.

Date: _____

Company: _____

Address: _____

City, State, Zip: _____

Please select the appropriate categories:

- _____ *Directory Contact*
- _____ *Meeting Information*
- _____ *Friday Report*
- _____ *Billing/Invoices*

Representative: _____

Signature: _____

Title: _____

Telephone: _____ Fax: _____

E-mail: _____

Web Site: _____

Additional Contact:

Please select the appropriate categories:

- _____ *Directory Contact*
- _____ *Meeting Information*
- _____ *Friday Report*
- _____ *Billing/Invoices*

Representative: _____

Address _____

Telephone: _____

Email: _____

Additional Contact:

Please select the appropriate categories:

- _____ *Directory Contact*
- _____ *Meeting Information*
- _____ *Friday Report*
- _____ *Billing/Invoices*

Representative: _____

Address _____

Telephone: _____

Email: _____

*NOTE: Dues are a minimum fee of \$8,500.00.