

APPLICATION FOR ASSOCIATE MEMBERSHIP

Name of Company _____

Business Address _____

City _____ State _____ Zip _____

Telephone: _____ Fax: _____

Contact Name _____ Title _____

Business Address
(if different than above) _____

City _____ State _____ Zip _____

E-mail Address _____ Telephone _____

Company Website _____ Fax _____

Type of Business: Engineering _____ Consulting _____ Supplier _____

Other *(please specify)*: _____

Short Description of Products and/or Services: _____

Additional representatives:

E-mail:

_____ Date

_____ Signature

_____ Title

This constitutes an application for membership subject to approval by the Board of Directors. Dues are \$250 per year and are paid on a calendar year basis. Please return the application with dues payment to:

Texas Statewide Telephone Cooperative, Inc.
5929 Balcones Dr., Suite 200
Austin, Texas 78731
Telephone: (512) 343-2587 Facsimile: (512) 343-0119
www.tstci.org