



Associate Membership Application

2008 WTA ASSOCIATE MEMBERSHIP DUES ARE \$750 PER YEAR (JANUARY-DECEMBER). DUES ARE **NOT** PRORATED. PLEASE COMPLETE THE APPLICATION AND RETURN WITH PAYMENT TO WESTERN TELECOMMUNICATIONS ALLIANCE. ATTACH ANY ADDITIONAL INFORMATION IF NECESSARY.

Company Information: Please make sure all information is accurate and complete.

Company Name:		
Acronym (If applicable):		
Headquarter Address:		
City, State, Zip:		
T:	F:	Web:
Description of services or products provided:		

Primary Contact:

Name:	Title:
Address:	
T:	Email::

Secondary Contact:

Name:	Title:
Address:	
T:	Web:

Method of Payment

Check Enclosed _____ American Express _____ Master Card _____ Visa _____

Name as it appears on the card: _____

Credit Card Number: _____ Expiration Date: _____ Code: _____

I hereby agree not to request chargeback from my credit card company. I understand that in the event of a dispute, it will be settled between WTA and myself. I have read and understand the Cancellation Policy as outlined.

Signature: _____ Date: _____

**Fax this form to : 406.443.0591 or mail with check payable to WTA, PO Box 5655, Helena, MT 59604.
More Questions? Contact Lea Cramer at 406.443.6377**