

**APPLICATION FOR CATEGORY III MEMBERSHIP
IN THE
ILLINOIS TELECOMMUNICATIONS ASSOCIATION, INC .
P. O. Box 730, Springfield, IL 62705**

Name of Company: _____

Name of Contact Person: _____

Title of Contact Person: _____

Street Address: _____

City, State, Zip: _____

Website Address: _____

Email Address: _____

Telephone (including area code): _____

Fax Number (including area code): _____

Name of Person of whom invoices should be mailed: _____

Address, if different from above: _____

Brief description of products and/or services provided by your company: _____

Above applicant applies for **Category III Membership** in the Illinois Telecommunications Association, Inc., and hereby agrees to pay the annual assessment as fixed by the Board of Directors for each calendar year.
Annual dues are \$325.

Signed: _____

Print or type name of above person: _____

Dated: _____