



**Iowa  
Telecommunications  
Association**

2987 100<sup>TH</sup> STREET • URBAN DALE, IA 50322-5501  
PH: 515-867-2091 • FAX: 515-867-9767  
WWW.IT-A.NET

**ASSOCIATE MEMBER APPLICATION**

*Any individual, partnership, firm or corporation, regularly engaged in the manufacture, lease, or sale of equipment, supplies, or other commodities, or in the sale of engineering, advertising, accounting, architectural, managerial and other services, to telecommunications companies.*

***Company Information***

Company Name: \_\_\_\_\_

Officers: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ E:Mail: \_\_\_\_\_

Year Founded \_\_\_\_\_ Number of Employees \_\_\_\_\_

Description of Company Services:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your company ever been a member of the ITA under its present name or any other name? \_\_\_\_\_

How did you learn about the Iowa Telecommunications Association? \_\_\_\_\_

\_\_\_\_\_

Who referred you? \_\_\_\_\_

**(Over)**

**Contact Information**

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address  
(if different than above): \_\_\_\_\_

Telephone / Fax: \_\_\_\_\_ / \_\_\_\_\_ E-Mail: \_\_\_\_\_

Second Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address  
(if different than above): \_\_\_\_\_

Telephone / Fax: \_\_\_\_\_ / \_\_\_\_\_ E-Mail: \_\_\_\_\_

As a benefit of our company's membership with the Iowa Telecommunications Association (ITA), I authorize the ITA to periodically send updates, commercial electronic mail, solicitations for ITA events and other important information and updates to this company via mail, fax and email.

\_\_\_\_\_  
Name and Title\_\_\_\_\_  
Company Name**Payment Information**

Associate members dues are \$400 and are paid on a calendar year basis. All applications for membership are subject to approval by the Board of Directors.

**Credit Card**  VISA  MasterCard Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**Check** *Please enclose a check with this application.*

*Make checks payable to "Iowa Telecommunications Association" and send to:*

Iowa Telecommunications Association  
2987 100<sup>th</sup> Street  
Urbandale, IA 50322-5501