



# OPASTCO

## ASSOCIATE MEMBER APPLICATION

Company \_\_\_\_\_

Parent Company \_\_\_\_\_

Date Company was Founded \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Primary Contact \_\_\_\_\_

Title \_\_\_\_\_ E-mail \_\_\_\_\_

Web Site \_\_\_\_\_

For more information about specific benefits of membership, please contact OPASTCO's Membership Coordinator at 202/659-5990 or E-mail: [membership@opastco.org](mailto:membership@opastco.org)

**Associate Member** - For manufacturing and service organizations dealing with independent telephone companies. The **total** number of individuals employed by an organization defines number of employees.

- 1-4 employees – **\$300**
- 5-25 employees – **\$450**
- 26-100 employees **\$700**
- 101-500 employees - **\$900**
- 501-1000 employees - **\$1100**
- 1001+ employees - **\$1300**

Number of individuals employed by your organization: \_\_\_\_\_

Type of products/services provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DUES PAYABLE \_\_\_\_\_

HOW DID YOU HEAR ABOUT OPASTCO? \_\_\_\_\_

**OPASTCO now takes credit card payments. There will be a 3% processing fee.**

**[Fax credit card payments to: 202-659-4619; ATTN: Membership]**

Credit Card:  American Express  MasterCard  Visa

Name as it appears on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

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

Billing Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

If paying by check, please make payable to "OPASTCO" and mail to: OPASTCO Membership, Department 0524, Washington, DC 20073-0524.