



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 Medallion membership, please contact Vanessa Fountain-Allen at 202/659-0432 or E-mail: vlf@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 – **\$425**
5-25 employees – **\$575**
26-100 employees **\$825**
101-500 employees - **\$1,025**
501-1000 employees - **\$1,250**
1001+ employees - **\$1,450**

Number of individuals employed by your organization: _____

Add a Medallion Membership for an additional \$1,500 to the amount indicated above and receive valuable marketing resources exclusive to OPASTCO's Medallion Members. Learn more about the Medallion membership at <http://www.opastco.org/site/membership/opastco/medallion-membership>

TOTAL DUES PAYABLE _____

Type of products/services provided: _____

HOW DID YOU HEAR ABOUT OPASTCO? _____

OPASTCO now takes credit card payments.

[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.