



National Office use only:

Mbr #: _____

DB: _____

LTR: _____

Cert: _____

(Check One)

New Member

Reinstate Member _____ (Member # if known)

APPLICATION FOR MEMBERSHIP

Annual dues (\$25.00) must accompany this application.

Please make check payable to ITPA

Please Print Neatly or Type

Sponsoring Member: _____

Chapter or Club Name: _____ Chapter or Club #: _____

Name: _____ Company: _____

(If retired, name of Telecom Company where you retired)

Residential Address:

Street: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Phone: Day (_____) - _____ Evening (_____) - _____

Year you began working in the telecommunications industry: _____

Date of Birth: _____ **(xx/xx/xx - optional)**

Employed

Retired

Immediate Family members you would like to add: _____

(they are included in your dues)

Dues Paid By: (Check one)

Check

Payroll Deduction

Signature _____

Date _____

P.O. Box 465 Hinesville, GA 31310 Tel: 912-408-ITPA (4872) or 877-320-ITPA (4872)

Fax: 912-408-4874 Email Address: itpa@telecom-pioneers.net Website: www.nationalitpa.com