



National Office use only:

Approved: _____
Not Approved: _____
LTR: _____
Cert: _____

APPLICATION FOR LIFE MEMBERSHIP

Please Print or Type.

Chapter or Club Name Chapter or Club Number

Name

Member Number: Date of Birth
Month Day Year

() Male () Female () Married () Single () Employed () Retired

Year you began working in the telecommunications industry

Have you been employed in the industry for forty years or more? Yes No

Have you been a member of ITPA for fifteen years or more? Yes No

Effective date of retirement from telecommunications industry (if applicable)

Company

Residence Address

E-mail

Phone Day Evening

Family members you would like to add as auxiliary members (auxiliary members do not pay dues).

Signature _____ Date _____