



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)

Signature _____

Date _____

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