



National Office use only:

Mbr #: _____

DB: _____

LTR: _____

Cert: _____

(Check One)

- New Member
- Friends of Pioneers
- Reinstate Member _____ (Member # if known)

APPLICATION FOR MEMBERSHIP
Annual dues (\$30.00) must accompany this application.
Please make check payable to ITPA

Please Print

Sponsoring Member (Required for Membership. This must be an ITPA member and not a company): _____

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

Name: _____ Company: _____

(If retired, name of Telecom Company where you retired.
Not required for Friends of Pioneers.)

Residential Address:

Street: _____

City: _____ State: _____ Zip: _____

E-mail: _____

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

Year you began working in the telecommunications industry: _____ (Not required for Friends of Pioneers)

Employed Retired

Immediate Family members you would like to add: _____
(They are included in your dues) _____

Signature _____ **Date** _____