



MISSISSIPPI
COMMUNICATIONS
TECHNOLOGY
ALLIANCE

P.O. Box 764 • Jackson, Mississippi 39205-0764 • [www. MCTAOnline.org](http://www.MCTAOnline.org)

MEMBERSHIP APPLICATION – ASSOCIATE MEMBER

Company/Organization Data:

Organization Name: _____

Address: _____

Principal Product
Or Service: _____

Primary Representative: Please designate one person from the company/organization to serve as the primary representative. This person will receive all MCTA correspondence.

Name: _____

Title: _____

Telephone: _____ Fax Number: _____

E-mail Address: _____

Alternate Representative (Optional): Company may designate one person to serve as the alternate representative. This person will also receive all MCTA correspondence.

Name: _____

Title: _____

Telephone: _____ Fax Number: _____

E-mail Address: _____

Upon approval of application and payment of annual dues, primary and one alternate will receive all correspondence from MCTA. If you wish to have additional persons receive MCTA correspondence, please list those individuals on the back of this form providing names, addresses, and e-mail addresses. By making application and paying annual dues, company/organization agrees to abide by MCTA bylaws.

Signed: _____ Date: _____

Primary Representative

Annual Dues: \$120 Return completed application and check (payable to MCTA) to MCTA, P. O. Box 764, Jackson, MS 39205-0764.

MCTA Tax ID: 64-0849975