



MISSISSIPPI  
COMMUNICATIONS  
TECHNOLOGY  
ALLIANCE

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

## MEMBERSHIP APPLICATION – REGULAR MEMBER

### Company/Organization Data:

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Principal Product  
Or Service: \_\_\_\_\_

**Primary (Voting) Representative:** Please designate one person from the company/organization to serve as the primary representative. This person will cast votes on behalf of the company/organization he/she represents.

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 cast votes on behalf of the company he/she represents in the absence of the primary representative.

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: \$85** Return completed application and check (payable to MCTA) to MCTA, P. O. Box 764, Jackson, MS 39205-0764.

**MCTA Tax ID: 64-0849975**