

Virginia Cable Telecommunications Association

Associate Member Application

Please complete form and return with dues payment check of \$300 or use credit card form below.

| |
|--------------------------|
| Name of Company: |
| Principal Representative |
| Title |
| Street Address |
| City/State/Zip: |
| Telephone Number: |
| Email address |
| Fax Number: |
| Website: |

Additional Virginia Representative

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|-------------------|
| Name |
| Title |
| Street Address |
| City/State/Zip: |
| Telephone Number: |
| Email address |
| Fax Number: |

Additional Virginia Representative

| |
|-------------------|
| Name |
| Title |
| Street Address |
| City/State/Zip: |
| Telephone Number: |
| Email address |
| Fax Number: |

Credit Card Information

| |
|-------------------------------------------------------------------|
| Name: |
| Billing Address: |
| E-mail Address: |
| Phone Number: |
| Type of Card (circle one): AmEx Visa Mastercard Discover |
| Card Number: |
| Expiration Date: |
| Security Code (if applicable): |
| Signature/Date: |

Make check payable to and return form by mail or fax and return to Kimberly Voxland,
VCTA, 1001 E. Broad Street, Suite 210, Richmond, Virginia 23219, Fax: 804-225-8036
Email: kvoxland@vcta.com Telephone: (804)780-1776