

2010 MEMBERSHIP APPLICATION

Please provide the following information:

Name: _____
 Title: _____
 Agency/Company: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 Phone: _____
 Fax: _____
 Email: _____
 Web Address: _____

If you are a government representative, please provide the following information:

Population: _____
 Cable Operator(s): _____
 Subscriber Base: _____
 Franchise Expiration (Mo/Yr): _____
 Telecommunications Providers: _____

Please list the number of PEG Channels your community has: P ___ E ___ G ___
 Does your community have an INET? _____

Government Members: Are you involved in (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Cable Franchise Enforcement | <input type="checkbox"/> Cable Rate Regulation |
| <input type="checkbox"/> Government Access Channel | <input type="checkbox"/> Public/Educational Access Channel |
| <input type="checkbox"/> Telecom Planning | <input type="checkbox"/> Emergency Communications |
| <input type="checkbox"/> Telephone System Management | <input type="checkbox"/> I-Net Planning Management |
| <input type="checkbox"/> Computer LAN/WAN | <input type="checkbox"/> Municipal Communications System |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Attorney |

Agency Members—Please provide one form for Primary Member and list up to two additional members indicating name, title, address, phone, fax and e-mail.

1st Additional: _____

 2nd Additional: _____

\$100 Per Person Cost for Additional Benefits
 List names for which additional benefits are being sought: _____

Individual, Associate and Student Members:

Please check the most appropriate classification of your job:

- Access/Media Center
 Access/Media Center Supplier
 Accountant
 Attorney For Government For Industry
 Cable Industry
 Consultant For Government For Industry
 Engineer For Government For Industry
 Telecom Industry
 Student (Indicate School) _____

| Membership Type | Dues | Assessment |
|--|---------|------------|
| Agency with Population: | | |
| <input type="checkbox"/> 0 - 25,000 | \$470 | \$250 |
| <input type="checkbox"/> 25,001 - 50,000 | \$585 | \$375 |
| <input type="checkbox"/> 50,001 - 250,000 | \$875 | \$625 |
| <input type="checkbox"/> 250,001 - 1,000,000 | \$990 | \$950 |
| <input type="checkbox"/> 1,000,000 + | \$1,105 | \$1,000 |

| Membership Type | Dues | Assessment |
|---|---------|------------|
| <input type="checkbox"/> Individual | \$440 | \$125 |
| <input type="checkbox"/> Associate Non Profit | \$410 | \$125 |
| <input type="checkbox"/> Associate For Profit | \$1,025 | \$375 |
| <input type="checkbox"/> Student | \$ 30 | |

Payment Information

Membership Type: _____ Dues Amount: \$ _____
 Annual Assessment Amount: \$ _____ Amount Enclosed \$ _____
 Payment Method Check *Mail checks to NATOA, PO Box 826127, Philadelphia, PA 19182-6127*
 Credit Card (Visa, MC, AmEx) *Apply online at www.natoa.org or mail to 2121 Eisenhower Ave, #401, Alexandria, VA 22314; Fax: (703) 997-7080*
 Card No. _____ Exp. Date _____
 Name on Card _____
 Signature of Cardholder _____
 Government P.O. _____
 (Invoice will be mailed)
 How did you hear about NATOA? _____

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