



NATOA 2012 MEMBERSHIP APPLICATION: SMALL AGENCY PROMOTION

Please provide the following information: Primary Member

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

Please provide the following information for your government:

Population: _____ Subscriber Base: _____
Cable Operator(s): _____
Franchise Expiration (Mo/Yr): _____
Telecommunications Providers: _____
PEG Channels: P _____ E _____ G _____ Does your community have an INET? _____

Agency Members — Please list up to two additional members and include contact information.

1st Additional: _____
2nd Additional: _____

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

All memberships will expire December 31, 2012.	DUES	ASSESSMENT
<input type="checkbox"/> Agency–Population 0 - 10,000	\$100	\$250
<input type="checkbox"/> Agency–Population 10,001 - 25,000	\$200	\$250

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) *Fax form to (703) 997-7080 or mail to 3213 Duke Street, Suite 695, Alexandria, VA 22314*

Card No. _____ Exp. Date _____
Name on Card _____ CCV Code _____
Signature of Cardholder _____
How did you hear about NATOA? _____