



ACTA
ALABAMA CABLE
Telecommunications Association

2017 ASSOCIATE MEMBERSHIP APPLICATION

Associate Membership Dues: \$300.00

Company _____

Representative _____ Title _____

Mailing Address _____

Telephone _____ Website _____

Email _____

Brief Description of the Company _____

Additional Company Representatives to be Included as Associate Members:

Second Representative _____ *Title* _____

Mailing Address _____

Telephone _____ *Email* _____

Third Representative _____ *Title* _____

Mailing Address _____

Telephone _____ *Email* _____

Please Complete and Return the Associate Membership Information to:

ALABAMA CABLE TELECOMMUNICATIONS ASSOCIATION
Post Office Box 230666 • Montgomery, Alabama • 36123
Email: aadams@alabamacable.org Phone: 334.271.2281

All applications will be considered and approved by the ACTA Board of Directors