



1122 Lady Street, Suite 840
Columbia, South Carolina 29201
803-779-7282

APPLICATION FOR ASSOCIATE MEMBERSHIP

Company Name: _____

The undersigned hereby makes application for membership in the SOUTH CAROLINA TELECOMMUNICATIONS and BROADBAND ASSOCIATION. Applicant declares that the Company is eligible under Article II of the By-Laws, the essential provisions of which are as follows:
Any telephone company supplier or manufacturing company who supplies goods and/or services to regular members of this Association may become an Associate member of this Association upon application to and approval of the Board of Directors.

(1) QUALIFICATIONS

Indicate the general nature your business, the products you manufacture, sell or the service you provide:

(2) ANNUAL DUES - \$535 (Paid by check, Visa, Master Card or American Express)

Each Associate Member pays dues annually based on their anniversary date. Associate Member dues are subject to review and adjustment by the SCTBA Board of Directors.

(3) NAME OF COMPANY: _____

Address: _____

Website: _____

Phone: _____

Company Representative: _____

Address: _____

Email: _____

Cell: _____

Applicant Signature

Date