



PO Box 46443-Plymouth, MN 55447
1-800-475-0857 – 763-476-2193 Fax
www.sta-assoc.org / Dan@CallConsult.net

Membership Application

Name of Firm: _____

Home office address: _____

City/State/Zip: _____ Email: _____

Telephone: ()- _____ Fax: ()- _____

<p>Check Proper Business Org:</p> <p><input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Corporation or LLC</p> <p>State of Incorporation: _____</p>	<p>List Owners, Partners or Officers:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date of commencement of Business: _____</p>	<p>Any change in ownership in the past 12 months? Y / N</p> <p>If Yes, Former owner name: _____</p>
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Name of Primary Contact/Representative: _____

Name of Secondary Contact/Representative: _____

Signature Required:

Applicant states that the information provide herein regarding the nature and extent of his/her business is true, and if approved, agrees to abide by the By Laws of the Association.

Signature of Applicant: _____

Title: _____ Date: _____

[Please complete back side also]

Please complete the following:

Equipment used: _____ # of Positions: _____

User Group Affiliation: _____ ATSI member? Y / N

Local Telephone Service Provider: _____

Do you provide Paging Service? Y / N If yes, are you a licensed RCC or Reseller _____

Dues are Based on # of employees (includes owners)

- 1-9 -\$150
- 10-19- \$250
- 20-29-\$350
- 30+ \$450

After the 1st year, you may choose Annual or Quarterly Billing: Please select your preference:

_____ **Annual** _____ **Quarterly (\$5.00 service charge per quarter)**

Payment Options: Check ___ Visa ___ MasterCard ___ (select one)

Please send this application with your Check for 1 year dues + \$10 Enrollment Fee

**To: Southern Telemessaging Association
PO Box 46443
Plymouth, MN 55446-0443**

Or Fax with Credit card information completed to: 763-476-2193

I authorize the STA to charge \$ _____ (annual dues) + \$10 Enrollment Fee to

My credit Card # _____ Expiration Date: _____

Name as it appears on the card: _____ Billing ZipCode: _____

Signature as on the card: _____ today's date: _____



[Please complete back side also]