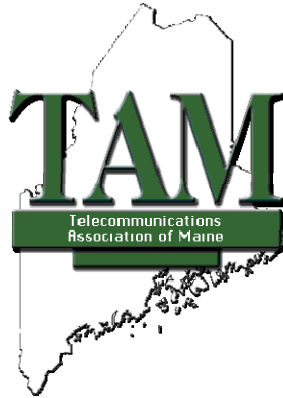


Affiliate Member Application



Company: _____

Address: _____

City _____ **State** _____ **Zip** _____

TYPE OF BUSINESS (circle): **Service | Distribution |**
Manufacturing Representative | Other

Describe: _____

Product Listing/Service Description: _____

Contact Name: _____

Tel. Number _____ **Fax Number** _____

E-Mail _____ **Alternate E-Mail** _____

BILLING INFORMATION (ANNUAL DUES)

Contact Name: _____

Address: _____

City

State

Zip

Tel. Number

Fax Number

E-Mail

Alternate E-Mail

**CORRESPONDENCE INFORMATION (ANNUAL MEETING &
CONVENTION MAILING, ETC)**

Contact Name: _____

Address _____

City

State

Zip

Tel. Number

Fax Number

E-Mail

Alternate E-Mail

**PLEASE MAIL APPLICATION AND ANNUAL DUES PAYMENT OF
\$150.00 TO:**

**Ann Edgecomb
Telecommunications Association of Maine
PO Box 179
Nobleboro, ME 04555
Fax: (207) 563-9936**

**If you have any questions, please call Ann at the TAM Office:
Tel: (207) 563-9700 or send email to anne@lintelco.net**

Thank you