

Associate Member Application



Company:

Address:

City:

State:

Zip:

TYPE OF BUSINESS (select one):

Describe:

Product Listing/Service Description:

Contact Name:

Telephone Number:

Fax Number:

E-mail:

Alternate E-Mail:

BILLING INFORMATION

Contact Name:

Address:

City:

State:

Zip:

Telephone Number:

Fax Number:

E-mail:

Alternate E-Mail:

CORRESPONDENCE INFORMATION – ANNUAL MEETING & CONVENTION MAILING, ETC.

Contact Name:

Address:

City:

State:

Zip:

Telephone Number:

Fax Number:

E-mail:

Alternate E-Mail:

PLEASE EMAIL THIS APPLICATION TO MEGAN.HARVEY@OTELCO.COM

PLEASE MAIL ANNUAL DUES PAYMENT OF \$150.00 TO:

Megan Harvey
Telecommunications Association of Maine
900D Hammond Street
Bangor, ME 04401

If you have any questions, please call Megan at the TAM Office at (207) 992-9050.

Thank you