



ILLINOIS PUBLIC TELECOMMUNICATIONS ASSOCIATION

Membership Application for Suppliers, Manufacturers, and OSPs

APPLYING FOR (CHECK ONE):

SUPPLIER (\$500 Per Year)

MANUFACTURER (\$500 Per Year)

OPERATOR SERVICE PROVIDER(OSP) (\$1,000 Per Year)

Please make your check(s) payable to the ILLINOIS PUBLIC TELECOMMUNICATIONS ASSOCIATION and submit along with this application.

1. NAME: (Last)	(First)	(Middle)
2. COMPANY NAME:		
3. COMPANY ADDRESS: (Number and Street)	(City)	(State) (ZIP Code)
4. COMPANY TELEPHONE NUMBER: ()	COMPANY FAX NUMBER: ()	
5. ADDITIONAL COMPANY TELEPHONE NUMBER: ()	E-MAIL ADDRESS:	
6. PRIMARY REPRESENTATIVE: (Last)	(First)	(Middle)
7. HOME ADDRESS OF PRIMARY REPRESENTATIVE: (Number and Street)	(City)	(State) (ZIP Code)
8. HOME TELEPHONE NUMBER OF PRIMARY REPRESENTATIVE: ()	OTHER NUMBER: ()	
9. SECONDARY REPRESENTATIVE: (Last)	(First)	(Middle)
10. HOME ADDRESS OF SECONDARY REPRESENTATIVE: (Number and Street)	(City)	(State) (ZIP Code)
11. HOME TELEPHONE NUMBER OF SECONDARY REPRESENTATIVE: ()	OTHER NUMBER: ()	

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