



ILLINOIS PUBLIC TELECOMMUNICATIONS ASSOCIATION

Application For Membership for Payphone Service Providers

Application Fee: \$250.00 plus \$4.00 per phone

Number of payphones currently operating in Illinois: _____

IPTA Dues: \$4.00 per phone / per month starting the second month after approval.

A \$100.00 minimum in dues per year applies to members whose route averages less than three payphones per month. (i.e. 3 payphones x \$4.00 x 12 months = \$144.)

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: ()	



NEW MEMBER QUESTIONNAIRE

This QUESTIONNAIRE is used to ensure that prospective members of the Illinois Public Telecommunications Association are in compliance with federal and state laws governing payphone telecommunications. It is also used to ensure that companies wishing to be members of the IPTA are in compliance with the standards set forth by the IPTA Board of Directors. Please answer the following questions as accurately as possible.

SECTION 1

Company Name _____ **Name** _____

Business Address _____ **City** _____ **State** _____ **Zip Code** _____

NO P.O. Boxes.

Tax ID Number (FEIN) _____ **SSN** _____ - _____ - _____

1. Do you currently operate any public telephones outdoors? Yes No
If Yes, please answer question 2, 5 and 6.

2. Is your company certified by the Illinois Commerce Commission? Yes No
If Yes, please attach a copy of your Certificate of Service Authority (CSA).
If you answered Yes to question number 2, please answer questions 3 and 4.

3. Do you file Illinois Commerce Commission Public Utility Fund Return? Yes No
4. Do you file Illinois Commerce Commission Annual Report Form AR-13? Yes No

5. Does your company currently operate any outdoor public phones in a municipality that has an ordinance regulating public telephones?
 Yes No
If Yes, does your company comply with municipal ordinances? Yes No

6. In which municipalities does your company currently operate outdoor public telephones?
Aurora Chicago Maywood Posen Waukegan Other(s) Please specify _____

7. Which type of locations are your company's payphones currently located in? Check (X) all that apply.

<input type="checkbox"/> Banking Establishment	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Military Establishment	<input type="checkbox"/> Hotel Lobby
<input type="checkbox"/> Retail Store	<input type="checkbox"/> Bar/Tavern	<input type="checkbox"/> Toll Service Area	<input type="checkbox"/> Amusement Park
<input type="checkbox"/> Shopping Mall	<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Hotel – Non Lobby	<input type="checkbox"/> Oasis/Rest Area
<input type="checkbox"/> Hospital/Doctor's Office	<input type="checkbox"/> Factory	<input type="checkbox"/> Transportation Ctr, Terminal	<input type="checkbox"/> Movie House
<input type="checkbox"/> Department Store	<input type="checkbox"/> Barber Shop/Beauty Shop	<input type="checkbox"/> Stadium /Exposition Center	<input type="checkbox"/> Gas Station
<input type="checkbox"/> Government or Municipal Building (Grounds and Associated Areas)			

8. Have you read the IPTA Code of Ethics in the membership application? Yes No
9. Are you willing to abide by the Code of Ethics of the IPTA? Yes No

10. Do you operate payphones in more than one state? Yes No
If Yes, in which states do you operate other than in Illinois? _____

11. Are you affiliated with any other payphone associations? Yes No
If Yes, please specify which associations your company is a member of. _____

12. How much experience in the payphone industry do you have? _____ Years _____ Months
13. Have you taken any classes or attended any seminars relating to the payphone industry? Yes No
14. Are you willing to take any classes or attend any seminars to learn about the payphone industry? Yes No

15. Have you apprenticed with anyone in the business? Yes No

16. Have you worked for any company in the payphone business? Yes No
If Yes, how many years? _____
17. Is your payphone business your primary business? Yes No
If Not, what is your primary occupation? _____
18. How did you find out about the IPTA?
 IPTA Member Directory of Associations Illinois Commerce Commission
 Internet (IPTA Website) Other State Payphone Association Ameritech
 American Public Communications Council Publication If so, which publication? _____
 Other, please specify _____
19. Which publications do you regularly read to remain informed about the payphone industry?
 Perspectives Phone+ On The Line
 Other (please specify) _____ None

SECTION 2

TELECOMMUNICATIONS TAXES/REGULATORY REQUIREMENTS

20. Is your company registered with the Illinois Department of Revenue for Illinois Telecommunications Excise Tax?
If Yes, please specify the number. T _____
22. Do you file the following regulatory documents?
 FCC TRS Fund form 431 FCC universal Service Form 457 FCC Annual Regulatory Fee Form 159

SECTION 3

COMPANY INFORMATION

23. Please describe your type of business?
 Corporation Partnership Sole Proprietorship Other
24. Who is the manager or president of your company? _____
25. Please list owners or officers.
- | | | | |
|--------------------|-------------|-------------|-----------|
| Name _____ | Title _____ | | |
| Home Address _____ | City _____ | State _____ | Zip _____ |
| Name _____ | Title _____ | | |
| Home Address _____ | City _____ | State _____ | Zip _____ |

If more owners or officers, please list on a separate page.

I certify that answers given herein are true and complete to the best of my knowledge.

(Signature)

(Date)

Please send the IPTA New Membership Application to the address below.
The IPTA office will contact you regarding your request for membership.

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

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