



## 2019 Associate Member Application For Membership

Name of Company: \_\_\_\_\_

Billing Address (for Membership Dues ONLY): \_\_\_\_\_

Corporate Contact: \_\_\_\_\_ Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Texas Company Rep (if different than above): \_\_\_\_\_

Texas Mailing Address: (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Texas Contact Email: \_\_\_\_\_

Company Website: \_\_\_\_\_ Facebook Page: \_\_\_\_\_

Additional representative(s):	E-mail:	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of Business:  Engineering  Consulting  Supplier  Financial  
 Other (please specify): \_\_\_\_\_

Short Description of Products and/or Services: \_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Referred By: \_\_\_\_\_

Form Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

### 2019 Calendar Year Dues of \$350.00

Please return application to:

Texas Statewide Telephone Cooperative, Inc.  
505 W. 12th Street, Suite 206 | Austin, Texas 78701  
or email to: [info@tstci.org](mailto:info@tstci.org)

512-343-2587 | [www.tstci.org](http://www.tstci.org)