



National Office use only:

Mbr #: \_\_\_\_\_

DB: \_\_\_\_\_

LTR: \_\_\_\_\_

Cert: \_\_\_\_\_

**(Check One)**

New Member

Reinstate Member \_\_\_\_\_ (Member # if known)

**APPLICATION FOR MEMBERSHIP**

**Annual dues (\$25.00) must accompany this application.**

**Please make check payable to ITPA**

**Please Print Neatly or Type**

Sponsoring Member: \_\_\_\_\_

Chapter or Club Name: \_\_\_\_\_ Chapter or Club #: \_\_\_\_\_

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

(If retired, name of Telecom Company where you retired)

**Residential Address:**

Street: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Phone: Day (\_\_\_\_) - \_\_\_\_\_ Evening (\_\_\_\_) - \_\_\_\_\_

Year you began working in the telecommunications industry: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (xx/xx/xx - optional)

Employed

Retired

Immediate Family members you would like to add: \_\_\_\_\_

(They are included in your dues)

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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