

Texas Association of Telecommunications Officers and Advisors

• MEMBERSHIP APPLICATION •

Date: _____

Membership Type:

Agency

Open to any municipal, county, state, or regional authority or a board, commission, or consortium sanctioned by a government authority which is engaged in the regulation, administrating, or planning of cable and/or telecommunications systems.

Individual

Open to any individual who is elected, appointed, employed by, or retained by a municipal, county, or state government, or regional authority engaged in the regulation, administration, or planning of cable and/or telecommunications system.

Associate

Open to any individual from a non-profit or profit-making organization or students involved in the planning, development, programming, or research of cable and other telecommunications systems who do not qualify for Individual or Agency membership. This category shall include individuals employed or affiliated with telecommunications companies or public access organizations.

Agency Membership ONLY (Individual & Associate application continues on page 2)

Name of Agency: _____

Address: _____

City, State & Zip: _____

Web Address: _____

Agency Voting Member

First Name: _____ Last Name: _____

Title: _____

Department: _____

Address (if different from Agency): _____

City, State & Zip: _____

Work Phone: _____ Fax: _____ Email: _____

Non-Voting Member #1

First Name: _____ Last Name: _____

Title: _____

Department: _____

Address (if different from Agency): _____

City, State & Zip: _____

Work Phone: _____ Fax: _____ Email: _____

Non-Voting Member #2

First Name: _____ Last Name: _____

Title: _____

Department: _____

Address (if different from Agency): _____

City, State & Zip: _____

Work Phone: _____ Fax: _____ Email: _____

Additional non-voting members may be added at \$20 each. Please use a separate sheet and include the same information on additional non-voting members as above.

Individual or Associate Membership ONLY

First Name: _____ Last Name: _____

Title: _____

Organization: _____

Address: _____

City, State & Zip: _____

Work Phone: _____ Fax: _____ Email: _____

Web Address: _____

Membership Profile (ALL applicants)

City/County Population: _____

Cable Operators: _____

Total Subscribers: _____

Franchise Expiration (if applicable): _____

Does your City have PEG? _____

Number of PEG Channels: Public- _____ Educational- _____ Government- _____

Areas of Telecommunications Involvement (put an x next to all that apply):

Franchise Administration _____ Government Access _____ Other (list): _____

Public Access _____ Cable Rate Regulation _____

Telecomm. Policy/Planning _____ Legislative Affairs _____

List Your U.S. and Texas Congressional Elected Officials and District:

Please return completed application and remittance to:

Jane Reina
Office of Telecommunications & Regulatory Affairs
City of Austin
P.O. Box 1088
Austin, TX 78767

Agency membership (\$50) \$ _____

Additional agency members (\$20) \$ _____

Individual membership (\$50) \$ _____

Associate membership (\$100) \$ _____

TOTAL PAYMENT: \$ _____

Payment Type: _____ Check or Money Order (Make checks payable to TATO)

_____ Purchase Order

_____ MasterCard/Visa via PayPal*

*Payment can be sent on-line via Paypal at www.tatoa.org or by sending payment via Paypal directly to tatoatreasurer@houston.rr.com. To use Paypal attach confirmation page when submitting this form.

Are you interested in joining the National Association of Telecommunications Officers and Advisors Organization?
Please visit their website for information and application at www.natoa.org