

APPLICATION FOR ASSOCIATE MEMBERSHIP
IN THE
STATE INDEPENDENT TELEPHONE ASSOCIATION OF KANSAS

The _____
(Person, Firm, Association or Corporation)

hereby makes application for membership as an Associate Member in the State Independent Telephone Association of Kansas and agrees to be bound by the Articles of Incorporation and Bylaws of the Association as they now exist or as they may hereafter be amended.

The Applicant hereby states that it is engaged in an industry, business or service related to or serving the telephone industry.

Annual dues are billed in February and are \$250.00 per year. Please enclose a check in the amount of \$250 made out to The State Independent Telephone Association of Kansas or SITA.

By: _____

Name _____

Title: _____

Address: _____

Telephone No.: _____

Fax No.: _____

Email Address: _____

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