

Associate and Affiliate Memberships

associate membership

eligibility_____

Any person, firm or corporation engaged in the manufacture or distribution of hardware or software products, other than programming, used in cable television systems qualifies for Associate membership in NCTA.

dues_____

Associate member dues are based on total gross revenues from direct and indirect U.S. sales or distribution to the cable industry during the previous year.

Gross Sales	Annual Dues
\$ 0 to \$ 5 million	\$ 1,500
\$ 5 to \$ 10 million	\$ 3,360
\$ 10 to \$ 25 million	\$ 5,600
\$ 25 to \$ 100 million	\$ 11,200
Over \$ 100 million	\$ 28,000

Associate members are billed annually in February. A full year's dues remittance must be submitted with this application if joining prior to August 1. New members joining after August 1 may submit a half-year's dues.

*DUES PAID TO NCTA ARE NOT DEDUCTIBLE
AS CHARITABLE CONTRIBUTIONS*

affiliate membership

eligibility _____

Any person, firm or corporation which provides a service to cable television systems, e.g., law firms, consulting firms, brokerage firms, banking institutions, etc., qualifies for Affiliate membership in NCTA.

dues _____

Affiliate member dues are \$1,000. Affiliate members are billed annually in February. A full year's remittance must be submitted with this application if joining prior to August 1. New members joining after August 1 may submit one-half of the annual dues (\$500).

confidentiality

All member revenue data collected in conjunction with dues payments will be held in the strictest confidence. Release, publication or public use of the revenue data is prohibited.

membership application

Instructions

Please complete this form and send it with annual dues payment to:
Membership Services Coordinator
National Cable & Telecommunications Association
25 Massachusetts Avenue, N.W.
Suite 100
Washington, D. C. 20001-1431 (202) 222-2310 Fax (202) 222-2311

Check One:

Associate

Affiliate

Name of Primary Contact & E-mail

Title

Company Name & Website

Address

City

State

Zip Code

Telephone

()

Fax

()

Signature

Date

Name of Billing Contact

Billing address (if different from the above)

City

State

Zip Code

Telephone

()

Fax

()

Name of Chief Executive Officer & E-mail

TOTAL GROSS REVENUES FROM DIRECT AND INDIRECT U.S.

CABLE SALES DURING THE PREVIOUS YEAR \$ _____

(Associate members only)

TOTAL DUES PAYMENT ENCLOSED

\$ _____

ENCLOSED PAYMENT (company check)

CREDIT CARDS ARE NOT ACCEPTED

