



Membership Application

Contact Name: _____
Title: _____
Company Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____
E-mail: _____ **Web site:** _____
Country: _____

Company Profile

Years in Operation: less than 1 1–5 6–10 11–20 more than 20
 Number of Employees: 5 or less 6–25 26–50 51–100 more than 100
 Entity Status: Privately held Publicly traded as _____ (ticker symbol)
 Annual Revenue: \$5M or less \$6–10M \$11–25M \$26–100M more than \$100M

Membership Categories

Please select the appropriate category.

Individuals, Vendors, International Carriers, and Messaging Companies

Standard Membership: \$500 Quarterly Dues \$2000 Annual Dues

Premier Membership: \$1250 Quarterly Dues \$5000 Annual Dues

Upgrade to a premier membership and receive complimentary exhibit space at the annual convention, free advertising in the quarterly newsletter, and a one-time opportunity to send an email blast to all members.

U.S. Carrier Dues

Number of Units on Service (check level)	Quarterly Dues	Annual Dues
<input type="checkbox"/> Less than 25,000 units	\$ 500	\$ 2,000
<input type="checkbox"/> 25,001 – 50,000 units	\$ 750	\$ 3,000
<input type="checkbox"/> 50,001 – 100,000 units	\$ 1,250	\$ 5,000
<input type="checkbox"/> 100,001 – 200,000 units	\$ 2,500	\$10,000
<input type="checkbox"/> 200,001 – 1,000,000 units	\$ 3,750	\$15,000
<input type="checkbox"/> 1,000,001+ units	\$ 4,000	\$20,000

Payment Information: Preferred Billing Structure Quarterly Annually

Check enclosed for (please make checks payable to CMA): \$ _____

VISA MasterCard American Express

Cardholder's Name (Please Print): _____

Authorized Amount: _____ Billing Zip Code: _____

Account Number: _____ Expiration Date: _____

Cardholder's Signature: _____ Phone: _____

Note: Wire information will be provided upon request.