



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 – 125,000 units	\$ 1,250	\$ 5,000
<input type="checkbox"/> 125,000 units and above	\$ 2,500	\$10,000

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: _____ CCV: _____

Note: Wire information will be provided upon request.