

Membership Application

To apply for membership please complete all questions.

Name of Firm: _____

Home Office Address: _____

Street

City

State

Zip

E-Mail: _____ Phone: _____

Business Organization: Sole Proprietorship Corporation or LLC. State of Incorporation: _____

List of Owners, Partners, or Officers: _____

_____ Commencement of Business Date: _____

Change in ownership in the past 12 months? Yes No If yes, former owner's name: _____

Name of Primary Contact/Representative: _____

Name of Secondary Contact/Representative: _____

Equipment Used: _____ Number of Positions: _____

User Group Affiliation: _____ ATSI Member? Yes No

Local Telephone Service Provider: _____

Do you provide paging service? Yes No If yes, are you a licensed RCC or Reseller? Yes No

Membership Dues Pro-rated dues as appropriate based on fiscal year of Jan. 1 to Dec. 31.

Payment Options: Check Visa Mastercard Other: _____

Membership Dues:

Enrollment Fee | \$10.00
One - Time Fee | Annual Dues | \$200.00 | Total

Paying by credit card, please email Dan L'Heureux, Executive Director at Dan@callconsult.net or call 800.483.4135.
If paying by check please send your invoice, check for annual dues & \$10 Enrollment Fee to: **Great Lakes TeleServices Association**
P.O. Box 292, Freeport, IL 61032

Signature Required

Applicant states that the information provides herein regarding the nature and extent of his/her business is true, and if approved, agrees to abide by the By Laws of the Association.

Signature of Applicant

Title of Applicant

Date