

4201 westown Pkwy, Suite 130

West Des Moines, IA 50266

Ph: 515-867-2091

www.IACommunicationsAll.org

# CARRIER MEMBER APPLICATION

**Company Information**

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| --- | --- | --- | --- | --- | --- |
| Company Name: | |  | | | |
|  | |  | | | |
| Contact Name: | |  | | | |
|  | |  | | | |
| Mailing Address: | |  | | | |
|  | |  | | | |
| City / State / Zip: | |  | | | |
|  | |  | | | |
| Telephone: |  | | Fax: |  | |
|  |  | |  |  | |
| Website: |  | | E:Mail: |  | |
|  |  | |  |  | |
| Year Founded |  | | Number of Employees | |  |
|  | | | | | |
| Description of Company Services: | | | | | |
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| How did you learn about the Iowa Communications Alliance? | | |  | |
|  | | | | |
|  |  | | | |
| Who referred you? |  | | | |
|  |  | | | |
| Are you a certificated local exchange carrier? | | \_\_\_ Yes \_\_\_ No | | |
|  | |  | | |

## **Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| First Contact Name: |  | Title: |  |
|  |  |  |  |
| Telephone / Fax: | / | E-Mail: |  |
|  |  |  |  |
| Second Contact Name: |  | Title: |  |
|  | | | |
| Telephone / Fax: | / | E-Mail: |  |
|  |  |  |  |
| Third Contact Name: |  | Title: |  |
|  |  |  |  |
| Telephone / Fax: | / | E-Mail: |  |

***Dues Information***

Carrier member dues are $1,000 annually. The membership year runs from January to December.

All applications for membership are subject to approval by the Board of Directors. Once your application is approved, ICA will send an invoice for membership dues.

For Iowa Communications Alliance office use only:

Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_