

WTA Membership Application

WORLD TELEPORT ASSOCIATION

Since 1985, WTA has been the only trade association focusing on the business of satellite communications from the ground up. At the core of its membership are the world's most innovative operators of teleports, from independents to multinationals, niche service providers to global carriers.

1. Name of organization: _____

2. Type of organization (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Teleport operating company | <input type="checkbox"/> Government or public-private company |
| <input type="checkbox"/> Carrier (satellite, terrestrial or hybrid) | <input type="checkbox"/> Real estate developer |
| <input type="checkbox"/> Technology provider | <input type="checkbox"/> Business services: law, finance, etc. |
| <input type="checkbox"/> Engineering/construction company | <input type="checkbox"/> Trade association or other nonprofit |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Other: _____ |

3. Membership category (check only one)

Regular Membership

Annual Dues

- | | |
|--|----------|
| <input type="checkbox"/> Revenues less than US\$20m and nonprofits * ◇ | \$1,095 |
| <input type="checkbox"/> Revenues US\$20 - \$70m | \$1,800 |
| <input type="checkbox"/> Revenues greater than US\$70m | \$3,550 |
| <input type="checkbox"/> WTA Industry Patron | \$8,000 |
| <input type="checkbox"/> WTA Industry Leader | \$17,000 |

* State-owned research, development, telecom, and technology companies pay corporate rates, irrespective of their nonprofit status or ownership by government.

◇ Must provide verifiable proof of revenue

4. Please provide a description of your organization. This will appear in your organization's online profile on the WTA Web site.

5. Please provide the complete Web address (URL) of your organization's Web site. This will be used as the hyperlink for your online profile.

URL: _____

6. Please indicate the individuals in your organization who should be included in WTA’s member database and receive information from WTA. At least one individual should be identified as a **Primary Contact**: this person will be responsible for the administration of your membership. You should also designate one or more **Sales Contacts**; these people will receive sales leads forwarded by WTA. Your Primary Contact may also be a Sales Contact, in which case you would check both boxes.

Who should be listed? Your organization will receive the greatest value if the following individuals are included in the member database:

- Chief executive officer or senior manager(s) of the division
- Director of (satellite or teleport) operations
- Director of sales & marketing
- Regional or vertical industry sales representatives
- Manager of public relations
- Manager of events (trade shows, conferences, etc.)

Individual	Primary Contact (check only one)	Sales Contact (check only one)
<hr/> NAME	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> TITLE		
<hr/> ADDRESS		
<hr/> TELEPHONE		FAX
<hr/> EMAIL		
<hr/> NAME	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> TITLE		
<hr/> ADDRESS		
<hr/> TELEPHONE		FAX
<hr/> EMAIL		

Individual	Primary Contact (check only one)	Sales Contact (check only one)
NAME _____	<input type="checkbox"/>	<input type="checkbox"/>
TITLE _____		
ADDRESS _____ _____		
TELEPHONE _____		FAX _____
EMAIL _____		

NAME _____	<input type="checkbox"/>	<input type="checkbox"/>
TITLE _____		
ADDRESS _____ _____		
TELEPHONE _____		FAX _____
EMAIL _____		

Continue on additional pages if desired.

7. After receipt of your application and payment, WTA will send you one or more questionnaires for your organization's listing in The Marketplace, WTA's searchable online directory for the buyers of satellite-based services and products. The questionnaire will ask for information on your products, services, regions served and points of presence to which you may connect. It will be sent to the Primary Contact — unless you provide below the contact information for a different individual.

Send to the Primary Contact

Send to the individual indicated to the right →

NAME _____	
TITLE _____	
TELEPHONE _____	FAX _____
EMAIL _____	

8. Please sign this form and submit with payment to World Teleport Association.

SIGNATURE

PRINT NAME

DATE

TITLE

TELEPHONE

EMAIL

9. How did you hear about World Teleport Association?

- Email
- Magazine article
- Referral from colleague
- Prior experience as member
- Other

10. List up to three goals for your WTA membership.

Payment

Applications will only be processed if accompanied by payment of the first year's dues.

- **By Credit Card.** WTA can accept credit card payments using Visa, Mastercard, American Express or Discover cards. Complete the information below in order to have the first year's dues payment charged to your credit card:

Card Type: Visa Mastercard American Express Discover

Card Number: _____

Expiration Date (MM/YY): _____ Security Code (CCV): _____

Cardholder Name (as it appears on card): _____

Card Billing Address: _____

City: _____ State: _____ Post Code: _____

Signature: _____

- **By Wire Transfer.** If sending an EFT, contact the Membership Director for details at membership@worldteleport.org or +1 212-825-0218 x104.

- **By Check.** Make payable to "World Teleport Association" and mail to:

Membership Director
 World Teleport Association
 250 Park Avenue, 7th Floor, New York, NY 10177 USA