

SCTNA Membership Application Invoice – 2008

*****One application per individual is needed*****

2008 Membership Dues: \$150 for each End-User Member

An End-User Member shall be a representative of any company that actively operates a Nortel, Inc. product, with the exception of Nortel, Inc. and its Authorized Distributors and Partners. The End-User Member must have direct responsibility for the active administration of the Nortel, Inc. product(s). If you have questions about your membership status contact us at sctna@sctna.org.

2008 Membership Dues: \$350 for each Associate Member (Vendor Member)

An Associate member shall be an individual that does not qualify as an End-User Member as defined in the INNUA Bylaws. The Associate Member shall be consultants, suppliers, and manufacturers who provide goods and/or services to End User Members. Please note that each Associate Member is an individual membership, not a group membership. If you wish multiple staff to attend meetings & events, please submit a membership form and dues for each individual.

PLEASE VERIFY AND CORRECT INFORMATION BELOW. Verify your membership information on the form below, make any changes on this form and return it with your check. Please check your email address carefully and add yours if we do not have it. SCTNA does not share these addresses with non-members but we do periodically send information regarding upcoming meetings and information that may need to be communicated quickly.

If you are sending this invoice to your accounting department for payment, please make a copy and send the copy to us marked "forwarded to accounting for payment." That will help us match the payment with your membership when the check arrives.

Please copy or detach and return this portion with remittance
Membership Term is Annual.

Name: _____

End User or Associate? _____ Member Number (if renewal): _____

Job Title : _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

Industry: _____

If new member, who referred you?: _____

Do you want to be included in the INNUA/SCTNA directories? YES NO

Total Enclosed: \$ _____ Make check payable to: SCTNA
(Southern Calif. Telecom. Networking Assoc.) Taxpayer ID #95-4108673

Mail to: Rose Pinkney – SCTNA
Torrance Memorial Medical Center, 3330 Lomita Blvd, Torrance, CA 90505