

# **SCTNA Membership Application Invoice – 2009**

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

**2009 Membership Dues: \$100 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](mailto:sctna@sctna.org).

**2009 Membership Dues: \$200 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.**

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**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**