# About Associate Membership

## Eligibility

Any person, firm or corporation engaged in the manufacture or distribution of hardware or software products, other than programming, used in cable television systems qualifies for Associate membership in NCTA.

## Dues

Associate member dues are based on total gross revenues from direct and indirect U.S. sales or distribution to the cable industry during the previous year.

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| **Gross Sales** | **Annual Dues** |
| $0 to $5 million | $2,175 |
| $5 to $10 million | $5,979 |
| $10 to $25 million | $8,696 |
| $25 to $100 million | $19,567 |
| Over $100 million | $54,351 |

Associate members are billed annually in February. A full year’s dues remittance must be submitted with this application if joining prior to August 1. New members joining after August 1 may submit a half-year’s dues. Dues paid to NCTA are not deductible as charitable contributions.

## Confidentiality

All member revenue data collected in conjunction with dues payments will be held in the strictest confidence. Release, publication, or public use of the revenue data is prohibited.

# Membership Application

## Instructions

Please complete this form, include company’s profile and send it with annual dues payment to:

Industry & Association Affairs Department / Membership Services
NCTA
25 Massachusetts Avenue, NW, Suite 100
Washington, DC 20001-1431
Phone: 202-222-2430 Fax: 202-222-2431

## Company Information

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Headquarters Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Headquarters City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Website Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Chief Executive Officer or Election Contact

Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone & Fax Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Dues Billing Contact

Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Phone & Fax Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Membership Dues

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| --- | --- |
| Total gross revenues from direct and indirect U.S. sales or distribution during the previous year: | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Total Dues Payment Enclosed (Company Check only - Credit Cards not accepted) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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## Company Profile

Please explain the nature of your business and type of product or service you provide to the cable industry. **APPLICATION CANNOT BE PROCESSED WITHOUT THIS INFORMATION.**