About Cable System Membership

Eligibility
Any person, firm or corporation engaged in the business of operating a franchised cable television system is eligible for membership in NCTA.

SMATV (Satellite Master Antenna Television System), MMDS (Multiple Distribution System) and DBS (Direct Broadcast Satellite) systems are not eligible for Membership. System membership is not open to any incumbent local exchange carrier unless that company was a System member as of February 8, 1996.

NCTA Bylaws require that a company bring into membership all cable systems that it owns or controls. “Owns or controls” is defined as having a 25% or greater interest in a cable system.

Dues
Dues payment to NCTA is based on total gross revenues derived from the provision of cable service as determined by generally accepted accounting principles (GAAP). Total gross revenues shall include, but not be limited to, revenues derived from the provision of such services as basic, expanded basic, digital, premium, high-definition, pay-per-view, on-demand, interactive, Internet access, telephony, music services, installation, bulk accounts, additional outlets, remote and converter rental, sale of program guides, leased access and channels (including but not limited to home shopping, classified ads, etc.), sale of advertising time, production of advertising spots and interconnect advertising revenues. The only revenues excluded are revenues from separate lines of business not related to the provision of services over the cable system.

Dues are paid on a quarterly basis with payments computed on the previous quarter revenues under the following schedule:

<table>
<thead>
<tr>
<th>Quarterly Revenues</th>
<th>Date Billed</th>
</tr>
</thead>
<tbody>
<tr>
<td>October - December</td>
<td>February 1</td>
</tr>
<tr>
<td>January - March</td>
<td>May 1</td>
</tr>
<tr>
<td>April – June</td>
<td>August 1</td>
</tr>
<tr>
<td>July - September</td>
<td>November 1</td>
</tr>
</tbody>
</table>

Companies joining in the middle of a billing cycle should compute their dues on the last calendar quarter’s revenues. For example, if a company joins in June, dues would be computed based on revenues generated during the January through March quarter.
## Dues Schedule

<table>
<thead>
<tr>
<th>Category</th>
<th>Quarterly Revenues</th>
<th>Dues Rate</th>
<th>Minimum Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>$0 to $12,500</td>
<td>$68</td>
<td>Minimum Payment</td>
</tr>
<tr>
<td>B</td>
<td>$12,501 to $1,250,000</td>
<td>$68</td>
<td>+ .0027909 of revenue over $12,500</td>
</tr>
<tr>
<td>C</td>
<td>$1,250,001 to $2,500,000</td>
<td>$3,489</td>
<td>+ .0013042 of revenue over $1,250K</td>
</tr>
<tr>
<td>D</td>
<td>$2,500,001 to $12,500,000</td>
<td>$5,119</td>
<td>+ .0011737 of revenue over $2,500K</td>
</tr>
<tr>
<td>E</td>
<td>$12,500,001 to $25,000,000</td>
<td>$16,856</td>
<td>+ .0008477 of revenue over $12,500K</td>
</tr>
<tr>
<td>F</td>
<td>$25,000,001 and over</td>
<td>$31,770</td>
<td>+ .0006038 of revenue over $25,000K</td>
</tr>
</tbody>
</table>

Example: If a system’s quarterly gross revenues are $16,250,000, Category E is the appropriate dues category. Dues would be computed as follows:

\[
\begin{align*}
$16,856 + .0008477 \times \text{revenues over }$12,500,000 \\
$16,856 + .0008477 \times$3,750,000 \\
$16,856 +$3,178.88 = $20,034.88 \text{ TOTAL DUES PAYMENT}
\end{align*}
\]

## 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.

Note: Dues paid to NCTA are not deductible as charitable contributions.
Membership Application

Instructions
Please complete this form and send it and a Company-Owned Systems List (see below) with remittance to:

Creative Services 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: _______________________________________________________________________

Joint Venture Partners: __________________________________________________________________

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

Total gross revenues from the provision of cable service, based on the previous quarter: $__________________
End of Quarter Date: ____________________
Dues Category (A, B, C, D, E or F): $__________________
Enclosed Payment: ____________________

Note: Only company checks are accepted; credit cards are not. Dues paid to NCTA are not deductible as charitable contributions.

__________________________ ______________
Signature of CEO Date

Company-Owned Systems

Please attach a list of all company-owned system(s) to this application. For each system, include the following information:

System Name: ________________________________________________________________________
Mailing Address: ________________________________________________________________________
City/State/Zip: ________________________________________________________________________
Manager’s Name: ________________________________________________________________________
Manager’s Email: ________________________________________________________________________
Number of Subscribers: ________________________________________________________________________
Counties served by the System: ________________________________________________________________________
Communities served: ________________________________________________________________________