



CTIA MEMBERSHIP APPLICATION
(January 1, 2006 – December 31, 2006)

Date: _____

Name of Organization: _____

Designated CTIA Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Fax Number: (____) _____

E-Mail Address: _____ Website Address: _____

Signature: _____ Title: _____

CARRIERS: Please list the markets (MSAs/RSAs/MTAs/BTAs or other licensed market area) for which you hold an FCC authorization:

Date Operating License Issued: _____ Frequency Assignment: _____ Megahertz of Spectrum: _____

OWNER: Controlling Entity (General Partner, Plurality Owner or designated "Controlling Entity")

Name: _____ Ownership %: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone Number: (____) _____

SUPPLIERS (INCLUDES WIRELESS DATA SERVICE PROVIDERS):

Please describe products and/or services that your organization provides to the Commercial Mobile Radio Service industry:

- If you have questions regarding the payment procedure, please call April Jenkins at 202-785-0081
- If you have questions regarding CTIA member benefits, please call Bonnie Knight at 202-736-3664

MEMBERSHIP DUES WORKSHEET FOR JANUARY 2006 – DECEMBER 2006

Please use the following definition of Gross Wireless Revenues to compute the annual dues for your company:

GROSS WIRELESS REVENUE: based on your company's most recently completed fiscal year (e.g., if your company's fiscal year ends on December 31, you would include revenues for calendar year 2005).

CARRIERS: Gross Wireless revenue generated in North American markets, including:

- Access charges
- Usage charges
- Vertical service charges (i.e., voice mail, enhanced calling features, etc.)
- Revenue generated by roamers in your market excluding tolls and taxes
- Connect (activation) fees

CARRIER DUES

Gross Wireless Revenue (under \$2.5 billion)	\$	_____
Dues Multiplier	X	.0001258
Annual Member Dues (minimum of \$5,000)	\$	_____
Member Assessment Multiplier (80% of Annual Dues)	X	.80
Annual Assessment*	\$	_____
Annual Amount Due (Dues + Assessments)	\$	_____

**Carrier Members are charged a mandatory Assessment to fund the industry's Grassroots Advocacy Campaign.*

PAYMENT INFORMATION: Make check payable in U.S. dollars to CTIA on a U.S. bank.

Mail To: CTIA–The Wireless Association®,
P.O. Box 75269
Baltimore, MD 21275-5260

CREDIT CARD INFORMATION: American Express MasterCard VISA

Name and/or Organization as it appears on card: _____

Card Number: _____ Exp. Date: ____ / ____ Amount: \$ _____

Signature: _____ Title: _____

CEO/President Contact Information

Name and Title

Contact Phone

Contact Fax

Contact E-mail

Voting Contact Information

Name and Title

Contact Phone

Contact Fax

Contact E-mail

Billing Contact Information

Name and Title

Contact Phone

Contact Fax

Contact E-mail

Federal Government Affairs Contact Information

Name and Title

Contact Phone

Contact Fax

Contact E-mail

General Counsel Contact Information

Name and Title

Contact Phone

Contact Fax

Contact E-mail

Public Policy Contact Information

Name and Title

Contact Phone

Contact Fax

Contact E-mail

Public Relations Contact Information

Name and Title

Contact Phone

Contact Fax

Contact E-mail

Sales/Marketing Contact Information

Name and Title

Contact Phone

Contact Fax

Contact E-mail

State Government Affairs Contact Information

Name and Title

Contact Phone

Contact Fax

Contact E-mail

Tradeshaw Contact Information

Name and Title

Contact Phone

Contact Fax

Contact E-mail