

SERVICE PROVIDER MEMBERSHIP APPLICATION

Company Name: _____ Web Address: _____
 Name: _____ Title: _____
 Address: _____ City: _____ State: _____ ZIP Code: _____
 Phone: _____ Fax: _____
 Email: _____

Additional Contact Names

Please provide the Name, Title & Email address of your Organization's:

CEO: _____
 General Counsel: _____
 Regulatory Contact: _____
 Federal Legislative Contact: _____
 Marketing/Trade Show Contact: _____
 Public Relations Contact: _____
 Primary Billing Contact: _____
 Carrier Relations Contact: _____
 Procurement/Network Planning Contact: _____
 Sales Contact: _____

Company Profile

Annual Gross Revenue (prior calendar year) \$ _____
 Is your company... Privately held Publicly traded (Ticker symbol _____)?
 Number of employees <5 5-25 26-50 51-100 >100
 Years in operation <1 1-5 6-10 11-20 >20

What Services Does Your Company Provide? Check all that apply; indicate wholesale (W) or retail (R)

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SALES DISTRIBUTION

Agents
 Call Center

How did you hear about INCOMPAS?

Word of mouth INCOMPAS Website
 The INCOMPAS Show Advertisement
 Trade magazine Other _____

Would you be interested in participating in our committees?

Meetings
 Regulatory/Legislative

What is Your Target Audience? (Check all that apply)

Residential Anchor Institutions (e.g. Schools/Universities, Libraries, Hospitals) Other – Please specify _____
 Enterprise/Business – Small/Medium Government
 Enterprise/Business – Large Carrier/Network/Service Providers