INCOMPAS
THE FUTURE OF COMPETITION

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)

W	R		W	R		W	R	
☐	☐	**Broadband/Network – Wireline**	☐	☐	**Infrastructure/Equipment**	☐	☐	**Voice – Local**
☐	☐	**Broadband/Network – Wireless**	☐	☐	**Over-The-Top (OTT) – VoIP**	☐	☐	**Voice – Long Distance**
☐	☐	**Cable**	☐	☐	**Over-The-Top (OTT) – Applications/API**	☐	☐	**Voice – International**
☐	☐	**Call Center**	☐	☐	**Over-The-Top (OTT) – Content/Streaming**	☐	☐	**Voice – Toll Free/800**
☐	☐	**Cloud/Managed Services**	☐	☐	**Over-The-Top (OTT) – Music/Streaming**	☐	☐	**Content – Radio**
☐	☐	**Data Center/Data Storage**	☐	☐	**Satellite**	☐	☐	**Content – Other**
☐	☐	**Devices**	☐	☐	**Software**	☐	☐	**Service Other – Please specify other**
☐	☐	**Broadband/BIAS**	☐	☐	**Switching**			_____

SALES DISTRIBUTION

☐ **Agents**
☐ **Call Center**

How did you hear about INCOMPAS?

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

Would you be interested in participating in our committees?

☐ Meetings
☐ Regulatory/Legislative

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

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