



2008/2009 RCA Membership Directory Order Form

Company Name _____

Contact _____

Mailing Address _____

City _____ State _____ Zip _____

Shipping Address _____

City _____ State _____ Zip _____

Email Address _____ Phone _____

Please send me _____ (quantity) Membership Directories at \$40 each

Method of Payment: (please check type of payment being used)

Check MasterCard VISA American Express Discover

Name on Card: _____

Card Number: _____

Expiration Date: _____

Signature: _____

Mail or fax completed order form to:
Rural Cellular Association • 1650 Tysons Blvd., Suite 1500 • McLean, Virginia 22102
(800) 772-1872 • (703) 883-0777 fax

