



AFFILIATE MEMBERSHIP APPLICATION

Rural Cellular Association • 805 15th St., NW, Suite 401 • Washington, DC 20005
(800) 722-1872 • (866) 436-1080 fax • www.rca-usa.org

(Please complete all fields)

Company Name _____

Contact Person _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Website Address _____

Billing Contact _____ Title _____

Phone _____ Fax _____ Email _____

Please provide a brief description of your company's products and/or services:

RCA requires new applicants to have an existing RCA Member sponsor and a letter of reference from that member:

Name of Sponsoring Company: _____

Name of Sponsoring Individual: _____

Annual Membership Dues: \$1,500

Method of Payment: (put a check by the type of payment being used)

Check Master Card Visa AMX Discover

Name on Card: _____

Card Number: _____ Expiration: (MM/YY) ____/____

Signature: _____

All membership applications must be approved by the RCA Board of Directors. If membership is not granted, applicant's application fee will be refunded. RCA's Membership period is based on calendar year.