

Operator Membership

Membership Application

Eligibility

Membership shall be open to any privately owned cable television system operating and located within the State of Tennessee. The definition of a cable system shall be that as prescribed by the Federal Communications Commission.

Instructions

Company Information

Please complete this form and send it and a Company-Owned Systems List with remittance to:

Tennessee Cable Telecommunications Association 611 Commerce Street, Ste. 2706 Nashville, TN 37203

Phone: 615-256-7037 Fax: 615-254-9710

Company Name:
Headquarters Street Address:
Headquarters City/State/Zip:
Company Website Address:
Chief Executive Officer or Contact
Name and Title:
Email Address:
Phone & Fax Numbers:
Dues Billing Contact
Name and Title:
Billing Email Address:
Billing Street Address:
Billing City/State/Zip:
Rilling Phone & Fax Numbers:



Date Billed

Operator Membership

Quarters

Membership Dues

The TCTA runs on a fiscal year where dues payments are billed on a quarterly basis, a month prior to the beginning of the quarter. Operator membership dues are \$.1125 per quarter per sub—or \$.45 annually per sub.

	October- December January- March April-June July-September		Septemb Decembe March 1 June 1		
			y of your ca	lculations with all	
	Total number of subscribers a. Of the date signed below:	S			
	Enclosed quarterly dues paym	ent:	<u>×</u> \$	\$. 112 <u>5</u>	
Signed		Date			
	nately 38% of membership dues w portion of your dues is tax deducti		obbying activ	ities during the year;	
Company-	Owned Systems				
	a list of all company-owned sys llowing information:	tem(s) to this	application.	For each system,	
System Name	· 				
Mailing Addro	ess:				
	p:				_
Manager's Na	me:				
	nail:				
Number of Su	bscribers:				
Counties serv	red by the System:				
Communities	served:				_