

MEMBERSHIP APPLICATION

- I have questions please contact me about ECTC membership
- I would like to become an Individual Associate Member (\$150)
- I would like to become a Corporate Associate Member (\$500)
- I would like to petition to become a Directing Member (\$6,500)

NAME: _____

TITLE: _____

COMPANY ADDRESS:

STREET: _____

CITY: _____

STATE/PROVINCE: _____

ZIP/POSTAL CODE: _____

PHONE: _____

EMAIL: _____

WEBSITE: _____

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

Web Site Link



We would like to link to the ECTC web site from our company web site



We will not be linking to the ECTC web site from our company web site

Payment



Payment Enclosed



Invoice Me

P.O. Number (if required): _____

ECTC dues may be deductible as professional or business expenses, to the extent allowable by law. Dues and other contributions to local, state or national association are not deductible as charitable contributions for federal income purposes.

Please fax or mail your Membership Application to:

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