



## PTMA Contact Center Membership Application

The PTMA is a professional non-profit organization whose members represent customer contact organizations, community alliances and the suppliers who support them.

### Company Information

Company Name			
Street Address			
City	State	Zip	Website
Contact Name			Title
Phone	Fax	E-mail address	
Number of Agents:		Days of Operation: 5 days 6 days 7days (circle one)	
Number of total contact center employees:		Hours of Operation: 8 hrs 12 hrs 24 hrs (circle one)	
<b>Average Monthly Call Volume</b>			
# Inbound calls: _____ # Outbound calls: _____			

To apply for membership, complete this form and send to the address below along with your payment or fax with credit card information to **210-497-5993**. Separate application forms are required for each member. Changes to membership information must be submitted in writing  
Company-specific data is not published.

### Membership Level: (check one)

- Voting Member (one per company)      \$250 annually
- Additional Member (non-voting member)      \$200 annually

### Method of Payment

- Check
- Credit Card: (Circle one) MC V AE

Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(As it appears on your card)

### Type of Business: (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Billing / Collections | <input type="checkbox"/> Market Research          | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Catalog / Order Entry | <input type="checkbox"/> Outsource/Service Bureau | <input type="checkbox"/> Travel/Hospitality |
| <input type="checkbox"/> Financial             | <input type="checkbox"/> Retail                   | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Healthcare            | <input type="checkbox"/> Sales                    |   |
| <input type="checkbox"/> Insurance             | <input type="checkbox"/> Technical/Help Desk      |   |

**Brief description of your business:**

### Areas of Interest: (check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Benchmarking Studies   | <input type="checkbox"/> Education/Workforce Development | <input type="checkbox"/> Quality Assurance   |
| <input type="checkbox"/> Business Strategy      | <input type="checkbox"/> Employee Development            | <input type="checkbox"/> Recruiting/Staffing |
| <input type="checkbox"/> Compensation           | <input type="checkbox"/> Job Opportunities               | <input type="checkbox"/> Team Building       |
| <input type="checkbox"/> Conference Information | <input type="checkbox"/> Laws and Regulations            | <input type="checkbox"/> Technology          |
| <input type="checkbox"/> E-Commerce             | <input type="checkbox"/> Process Improvement             | <input type="checkbox"/> Other: _____        |