



Supplier – Associate Membership

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	

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**. Please make checks payable to PTMA. You will receive notification of acceptance status. According to organization by-laws, the ratio of suppliers to contact centers is monitored. A standard not to exceed 30% has been established and maintained.

Separate application forms are required for each member. Changes to membership information must be submitted in writing or via e-mail

Membership Level: (check one)

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

Method of Payment: (check one)

- 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"/> ACD/PBX | <input type="checkbox"/> Marketing/Advertising | <input type="checkbox"/> Telephone Headsets |
| <input type="checkbox"/> Call Center Software | <input type="checkbox"/> Printing Services | <input type="checkbox"/> Training |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Quality Assurance | <input type="checkbox"/> Workforce Management |
| <input type="checkbox"/> Electronic Displays | <input type="checkbox"/> Recruiting/Staffing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> IVR | <input type="checkbox"/> Software | |

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: _____ |

- Please do not publish my contact information in the membership directory or website. (Check if applicable)

PTMA - PO Box 791501 - San Antonio, TX - 78279-1501 – 210-871-2001 www.ptmasa.com

Revised 12-01-2007