

# AZ-NMCCA

## Membership Application

I hereby apply for \_\_\_\_\_ ACTIVE  
\_\_\_\_\_ ASSOCIATE

Membership in the Arizona-New Mexico Cable Communications Association and agree, if accepted, to comply with the Bylaws and such rules and regulations as are hereafter adopted.

System or Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Fax: (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Parent Company: \_\_\_\_\_

Name & Title of Person to be put on Mailing List: \_\_\_\_\_

Date System Began Operations: \_\_\_\_\_

Number of Subscribers: \_\_\_\_\_

Check Attached for First Month or Period: \$ \_\_\_\_\_

Date of Application: \_\_\_\_\_

Company Description: \_\_\_\_\_

Return application to:

Arizona-New Mexico Cable Communications Association  
4350 E. Camelback Rd., Suite G-200  
Phoenix, AZ 85018  
(602) 955-4122 - Fax #: (602) 955-4505  
E-Mail: [info@azcable.org](mailto:info@azcable.org)

**Contributions or gifts to Arizona-New Mexico Cable Communications Association, Inc. are not deductible as charitable contributions for Federal Income Tax purposes.**