



# SITA

State Independent Telephone Association

*of Kansas*

## APPLICATION FOR ASSOCIATE MEMBERSHIP

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NAME: \_\_\_\_\_ PH: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

The above person/firm/association/corporation makes application for membership as an associate member of the State Independent Telephone Association of Kansas and agrees to be bound by the Articles of Incorporation and Bylaws of the association as they now exist or as they may be amended. The applicant further states that it is engaged in an industry, business, or service related to or serving the telecommunications industry.

Annual dues are billed in February and are \$250 per year. Please either remit a check payable to SITA to the address below or pay at PayPal at [paypal.me/SITAOFKS](https://www.paypal.com/US/mx/donations/?url=https://www.paypal.com/donate/?url=https://www.paypal.com/SITAOFKS). If you choose the PayPal option, please email a copy of this completed form to Colleen so that your listing can be generated on the SITA website.

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