



Membership Application

Annual Membership Dues

| | |
|------------------------|------------|
| 1. Corporate Partner | \$5,000.00 |
| 2. Corporate Sponsor | \$2,500.00 |
| 3. 10 & more Employees | \$445.00 |
| 4. 5-9 Employees | \$395.00 |
| 5. 2-4 Employees | \$345.00 |
| 6. 1 Employee | \$295.00 |

*For Corporate Sponsor & Partner Benefits, please see Corporate Membership Benefit Listing or call us at 704-331-0079.

Company: _____

Address: _____

Company Representative: _____ Job Title: _____

Office Phone #: _____ Mobile #: _____ Fax #: _____

E-Mail Address: _____ Website: _____

Preferred Method of Communication: (circle one) **Email** **Phone**

Number of Employees: _____ Annual Membership Dues \$ _____

Application Date: _____ Referred By: _____

Method of Payment:

___ Check in the amount of \$ _____ will be mailed to HTA

___ Charge my credit card for the amount of \$ _____

Card Type: AMEX VISA MC

CC #: _____ Expiration Date: ___ / ___ CID Code _____

Company Representative's Signature _____

Please fax, mail or email completed application to:
H.T.A., 301 South McDowell Street, Suite 1106, Charlotte, N.C. 28204
Phone # 704.331.0079 Fax # 704.331.0719
mjenatian@charlottehta.com
www.charlottehta.com

Thank you for your membership and support of the HTA.

- HTA is a full-time membership organization funded solely by its members.
- We look forward to having the opportunity of serving you and your business as a member!