

## Radio Frequency Alliance Corporate Supporter Application

Organization: \_\_\_\_\_

Point of contact (POC) name: \_\_\_\_\_  
Prefix                      First                      MI                      Last                      Suffix

POC title: \_\_\_\_\_

**POC work address**

POC e-mail address: \_\_\_\_\_

POC phone numbers: Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Supporter Type	No. of Employees	Annual Dues	Sponsored Members
<input type="checkbox"/> Corporate Large	400+	\$3000	15
<input type="checkbox"/> Corporate Medium	50-399	\$1000	5
<input type="checkbox"/> Corporate Small	1-49	\$500	3
<input type="checkbox"/> Institution/University	N/A	\$1000	5

**Sponsored Memberships** (list the names of those who will receive the included individual memberships and attach individual membership forms for each member):

1.	6.	11.
2.	7.	12.
3.	8.	13.
4.	9.	14.
5.	10.	15.

**Please mail application with check payable to "CTI / RF Alliance" to:**

RF Alliance  
 14051 Westgate Ct, Box 190  
 Crane, IN 47522

