



Membership Application

Annual Membership Dues

1. Corporate Partner	\$5,000.00
2. Corporate Sponsor	\$2,500.00
3. 5 + Employees	\$495.00
4. 1-4 Employees	\$365.00

***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!