



2010 AGENCY MEMBERSHIP DUES **INVOICE**

Please see reverse for description of Agency Memberships

AGENCY MEMBERSHIP CATEGORY A: 1- 5,000 Cable TV subscribers

- | | |
|--|----------|
| 1) Includes two (2) voting members, list below. | \$ 50.00 |
| 2) Additional nonvoting members (*See reverse side) \$25.00 each x _____ | \$ _____ |
| (# add'l members) = | |
| TOTAL AMOUNT DUE Total of Line 1) and Line 2) | \$ _____ |

AGENCY NAME: _____

1st Voting Member Name: _____ **Title:** _____

Address: _____ **WA** **zip** _____

E-mail _____ **Phone:** _____ **Cell:** _____

2nd Voting Member Name: _____ **Title:** _____

Address: _____ **WA** **zip** _____

E-mail _____ **Cell:** _____

OR

AGENCY MEMBERSHIP CATEGORY B: More than 5,000 Cable TV subscribers

- | | |
|--|-----------|
| 1) Includes two (2) voting members, list below. | \$ 100.00 |
| 2) Additional nonvoting members (*See reverse side) \$50.00 each x _____ | \$ _____ |
| (# add'l members) = | |
| TOTAL AMOUNT DUE Total of Line 1) and Line 2) | \$ _____ |

AGENCY NAME: _____

1st Voting Member Name: _____ **Title:** _____

Address: _____

E-mail _____ **Phone:** _____ **Cell:** _____

2nd Voting Member Name: _____ **Title:** _____

Address: _____

E-mail _____ **Cell:** _____

AGENCY MEMBERSHIPS: Open to any Washington city, town, county, state, or regional authority or a board, commission, or consortium recognized by a government authority, or their representative which is engaged in the regulation, administration, or planning of cable and/or telecommunications systems.

There shall be no more than one agency membership for any Washington State jurisdiction. Agency membership entitles the member agency to two voting members. These two members shall be the designated spokesperson(s) for the agency and as such shall be the voting members on all issues that require votes. Each Agency may submit a written proxy statement should the designated member(s) be unable to be present at a voting session.

NOTE: Agencies may purchase additional nonvoting memberships. No member shall vote on behalf of more than one voting agency except by proxy.

FEES: Fees are based on the number of Cable TV subscribers in your jurisdiction. There are two categories, Category A) **1- 5,000** Cable TV Subscribers Category B) **Over** 5,000 Cable TV Subscribers

AGENCY NAME: _____			
Add'l. nonvoting member 1 _____		Title: _____	
Address: _____		WA _____	zip _____
E-mail _____	Phone: _____	Cell: _____	
Add'l. nonvoting member 2 _____		Title: _____	
Address: _____		WA _____	zip _____
E-mail _____	Phone: _____	Cell: _____	
Add'l. nonvoting member 3 _____		Title: _____	
Address: _____		WA _____	zip _____
E-mail _____	Phone: _____	Cell: _____	
Add'l. nonvoting member 4 _____		Title: _____	
Address: _____		WA _____	zip _____
E-mail _____	Phone: _____	Cell: _____	
Add'l. nonvoting member 5 _____		Title: _____	
Address: _____		WA _____	zip _____
E-mail _____	Phone: _____	Cell: _____	
Add'l. nonvoting member 6 _____		Title: _____	
Address: _____		WA _____	zip _____
E-mail _____	Phone: _____	Cell: _____	

FOR AN ELECTRONIC (word) VERSION OF THIS FILE, PLEASE E-MAIL ddrake@ci.kent.wa.us
Please pay from this invoice. WA Tax ID form and new address is attached. Please note the change of address for payments. Send this form to your Accounts payable department and ask them to update payment address. Thank you.

Remit Checks to: