THE FUTURE OF sctelcom

South Central Telephone Association
Membership Application

Member Name: _____

Attention: _____

Address: _____

Telephone Number: _____

Account Number: _____

PERSONAL INFORMATION

Owner SSN/Taxpayer ID: _____

Owner Date of Birth: _____

_____ _____/_____/_____

Member's Signature Date

Return to: South Central Telephone Association
PO BOX B
Medicine Lodge, KS 67104