



# MEMBERSHIP APPLICATION

222 S Westmonte Drive | Suite 101 | Altamonte Springs, FL 32714  
 866.896.ATSI | Fax 407.774.6440 | admin@atsi.org | www.atsi.org

## Membership Types & Eligibility

### 1 Regular Membership

QCSO's (Qualified Communications Services Organization) Conduct Business *Within* the United States

### 2 International Membership

QCSO Conduct TeleService Industry Operations *Outside* the United States

### 3 Auxiliary Membership

Organizations or individuals sharing common interest with and desiring to support and promote the purposes of the Association. This may include, but is not limited to, those organizations or individuals engaged in selling or providing products or services to QCSO members of ATSI

## Company Information:

FIRM			
MAILING ADDRESS			
CITY	STATE/PROVINCE	POSTAL CODE	COUNTRY
PHONE	FAX	URL	
CONTACT/BILLING EMAIL		CONTACT/BILLING NAME	

## Individuals:

As a **Regular Member** of ATSI, your firm is entitled to one vote in all association matters put before the general membership. Each membership has a primary voter and up to two alternative voters. Please list the names of your primary and alternate voter(s).

PRIMARY VOTER	EMAIL
ALTERNATE VOTER #1	EMAIL
ALTERNATE VOTER #2	EMAIL

## Equipment Used:

Please check the type(s) of equipment you use to service your customer base

Amtelco   
  OnviSource   
  Pinnacle   
  Startel   
  Szeto   
  Tascom   
  Telescan  
 Other \_\_\_\_\_

## Services Offered:

<input type="checkbox"/> 800 Answer	<input type="checkbox"/> Fulfillment	<input type="checkbox"/> Phone Equipment Sales	<input type="checkbox"/> Virtual Receptionist Services
<input type="checkbox"/> 900 Answer Alarm	<input type="checkbox"/> Help Desk	<input type="checkbox"/> POTS Reservations	<input type="checkbox"/> Voice Mail
<input type="checkbox"/> Monitoring Alpha	<input type="checkbox"/> Inbound Telemarketing	<input type="checkbox"/> Secretarial Services	<input type="checkbox"/> Wake Up Services
<input type="checkbox"/> Dispatch	<input type="checkbox"/> Internet Services	<input type="checkbox"/> T-1	<input type="checkbox"/> Web Call Back
<input type="checkbox"/> Appointment Setting	<input type="checkbox"/> Live Answering	<input type="checkbox"/> Telephone Service	<input type="checkbox"/> Web Chat
<input type="checkbox"/> Appointment Verification	<input type="checkbox"/> Long Distance Resale	<input type="checkbox"/> Text Messgaing	<input type="checkbox"/> Web Services
<input type="checkbox"/> Bilingual Services	<input type="checkbox"/> Office Suites	<input type="checkbox"/> Transcription Services	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Cellular Phone	<input type="checkbox"/> Order Entry	Unified Messaging	
<input type="checkbox"/> Database Management	<input type="checkbox"/> Outbound Telemarketing	<input type="checkbox"/> Virtual PBX	
<input type="checkbox"/> Fax	<input type="checkbox"/> Paging		
<input type="checkbox"/> Fax Store & Forward			

## Member Types and Dues

ATSI determines your annual dues based on the revenue information provided below. All information on your company's revenue will be kept confidential.

Regular		
Size	Company Revenue	Annual Dues
Small	\$ 1 – \$ 349,999	\$ 600
Medium	\$ 350,001 – \$ 999,999	\$ 1,000
Large	\$ 1,000,000 – \$ 1,999,999	\$ 1,350
Plus 1	\$ 2,000,000 – \$ 4,999,999	\$ 1,750
Plus 2	\$ 5,000,000+	\$ 2,500
<b>International Members</b> Paid in US Funds		\$ 200
<b>Auxiliary Members</b> Paid in US Funds		\$ 500

## Confirm Your Member Type

### Regular

- |                                 |                                 |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> Small  | <input type="checkbox"/> Plus 1 |
| <input type="checkbox"/> Medium | <input type="checkbox"/> Plus 2 |
| <input type="checkbox"/> Large  |                                 |

- |   |   |
|---|---|
| <input type="checkbox"/> <b>International</b> | <input type="checkbox"/> <b>Auxiliary</b> |
|---|---|

As an official representative of the organization described herein, I hereby make application for membership in the Association of TeleServices International, Inc. and agree to abide by its bylaws and Code of Ethics. By providing your email address, you agree to accept valuable member information sent electronically.

SIGNATURE (REQUIRED)

DATE

## Payment Options

The ATSI Fiscal Year Runs from July 1 through June 30.

- Payment in full** (complete payment information below)  
 **Quarterly Payments:** (will be charged to the card listed below and requires a completed payment plan form returned)  
 Quarterly Invoice Cycle:  
**(July 1, October 1, January 1, and April 1)**

<input type="checkbox"/> <b>Check</b> Enclosed is our check made payable to ATSI:	\$
<input type="checkbox"/> <b>Credit Card</b> Please charge my: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express	\$

CARD NUMBER

EXP DATE

CVV

PRINT CARDHOLDER NAME

AUTHORIZED SIGNATURE

## Benefits of Joining ATSI

- Representation
- Online Forums
- *The TeleCommunicator*
- *The Pulse*
- Annual Convention
- Professional Liability Insurance
- ATSI Loss Prevention Hot-Line
- Award of Excellence
- Call Center Award of Distinction
- Seminars & Webinars
- Executive Management Forum
- Certification Programs
- Interactive Training Programs
- Networking Opportunities
- Marketing Tools & Products
- ATSI Education Foundation

## Please Send Completed Application & Payment to:

MAIL | ATSI

222 S Westmonte Drive | Suite 101  
Altamonte Springs, Florida 32714

FAX | 407.774.6440

EMAIL | admin@atsi.org