



409 S Central Expy, Suite 107-205 • Anna, TX 75409 • Phone 800-441-0111 • Fax 704-635-7363 • info@ceta.org

Please complete and return this form to CETA by mail, fax or email.

PRIMARY MEMBER CONTACT INFORMATION (PLEASE PRINT)

Primary Member – Full Name:

Position/Title:	Email:
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Company Name:

Phone:	Mobile:	Fax:
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Physical Address:

City:	State:	ZIP Code:
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Mailing Address (if different):

City:	State:	ZIP Code:
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Company Website:

ADDITIONAL MAIL ONLY CONTACTS: You may add individuals to your company's mailing list at no additional charge. These individuals can receive the CETA Newsletter and other member notices and information, but do not have voting rights. Please indicate the names of anyone in your company you would like to add to this list.

Contact's Full Name:

Position/Title:

Phone:	Email:
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Check all that apply for this Contact to receive from CETA:

<input type="checkbox"/> Password to <i>Members Only</i> @ ceta.org	<input type="checkbox"/> CETA Quarterly Newsletter	<input type="checkbox"/> CETA Trade Show Info
<input type="checkbox"/> Benchmarking Information	<input type="checkbox"/> CETA Invoices	<input type="checkbox"/> CETA Stolen Alerts

Contact's Full Name:

Position/Title:

Phone:	Email:
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SIGNATURE

As a Member of CETA, I authorize the information provided on this form to be used by CETA for contact purposes. I also agree that the password to the *Members Only* page at ceta.org will not be shared with individuals that are not bona fide employees of our company, working for us exclusively and on our payroll.

Signature:	Title:
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Printed Name:	Date:
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