

ASSOCIATE MEMBERSHIP APPLICATION



Membership Year

Membership Dues

Private Company/Organization:
\$1,000 Annually

Public Organization/Governmental Agency:
Letter of Endorsement

Company/Organization Name

Website

Primary contact name

Primary contact email

Title/Position

Mailing address

Address line 2

City

State

Zip code

Phone

Fax

**Description of organization and interest in becoming a member of GAP
Connections:**

By signing below, signatory is confirming that the applicant meets the requirements for Associate membership in GAP Connections and that the applicant has read GAP Connections' bylaws, antitrust policy, conflict of interest disclosure, and confidentiality agreement and accepts and agrees to be bound by the provisions thereof and agrees to that the applicant agrees to pay the applicable annual dues. Furthermore, applicant agrees to support the mission and purpose of GAP Connections as well as any policies that GAP Connections promulgates.

Signature

Date

Printed Name

Title/Position

Office Use Only

Annual Membership Dues (Date: ___/___/_____)

Antitrust Policy (Date: ___/___/_____)