

RENEWAL NON-CONTRACT MEMBERSHIP APPLICATION



Application Process

1. Please contact GAP Connections to receive copies of GAP Connections' bylaws, antitrust policy, conflict of interest disclosure, and confidentiality agreement.

Email: info@gapconnections.com

Office: 865.622.4606

2. Submit application to GAP Connections after reviewing GAP Connections' bylaws and policies:

Mail: 2450 E.J. Chapman Drive, Knoxville, TN 37996

Email: info@gapconnections.com

Fax: (865) 622-4550

3. GAP Connections staff will review application including making inquiries into the banking and business/ trade references that were supplied in application.

4. GAP Connections staff will schedule a meeting with your company to explain GAP Connections structure and services. Meeting can be held via web, phone, or in-person.

5. GAP Connections staff, if satisfied with review, will make a recommendation to the Board of Directors to approve membership. With your company's permission, selected information from your application will be shared with the Board.

6. Board will vote to approve/disapprove your membership. If the Board requests more information, GAP Connections' staff will contact your company with follow-up requests.

If you have any questions regarding this application or process please contact GAP Connections info@gapconnections.com or 865.622.4606.

**NEW NON-CONTRACT
MEMBERSHIP
APPLICATION**



Membership Year

Company/Organization Name

Website

Registered Mailing address

Address line 2

City

State

Zip code

**Please address all corporate and technical correspondence concerning GAP
Connections to:**

Name of Contact Person

Title or Position

Mailing address

Address line 2

City

State

Zip code

Email Address

Phone

Fax

Will this contact person be the company/organization representative on the Board of Directors?

Yes

No, If no, please designate the company's/organization's representative below

Name of Board Representative

Title or Position

Mailing address

Address line 2

City

State

Zip code

Email Address

Phone

Fax

Will this contact person also serve as the business contact (e.g., receive invoices)?

Yes

No, If no, please provide invoicing information below.

Name of Business Contact Person

Title or Position

Mailing address

Address line 2

City

State

Zip code

Email Address

Phone

Fax

Business and Credit Information

Business structure:

Sole Proprietorship

Partnership

Corporation

Cooperative

Other

Date business commenced:

Do you have an annual report you can send GAP Connections with this application?

Yes, please send with application

No

Bank Name

Bank Address, City, State & Zip:

Does your organization/company prefer paper transactions or wire transfer for payment of invoices?

Paper transactions

Wire transfers

Business/Trade References

Company Name

Business Relationship

Contact Person

Phone Number

Address, City, State & Zip

E-mail

Company Name

Business Relationship

Contact Person

Phone Number

Address, City, State & Zip

E-mail

Company Name

Business Relationship

Contact Person

Phone Number

Address, City, State & Zip

E-mail

GAP Connections Membership Questionnaire

1. Please describe why your organization or company is applying for GAP Connections Membership.

2. How would a GAP Connections Membership benefit your company?

Membership Dues

Dues are \$35,000 annually. An invoice for that amount will be sent to the business contact listed in the application once membership is approved.

Board Participation

1. Does your organization/company wish to be considered during nomination processes for the Non-contracting Membership Board Elections?

Yes No

2. Does your organization/company wish to be involved in Board Committees open to Members?

Yes No

By signing below, signatory is confirming that the applicant meets the requirements for Regular 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.

By submitting this application, signatory as a representative of the company seeking membership authorizes GAP Connections to make inquiries into the banking and business/trade references that have been supplied.

Signature

Date

Printed Name

Title/Position

Office Use Only

Antitrust Policy (Date: ___/___/_____)

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

If Board Member: Conflict of Interest Disclosure (Date: ___/___/_____)

Confidentiality Agreement (Date: ___/___/_____)