

NON-CONTRACTING RENEWAL 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 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

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 Non-contracting 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: ___/___/_____)

Conflict of Interest Disclosure (Date: ___/___/_____)

Confidentiality Agreement (Date: ___/___/_____)