

NEW REGULAR 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.

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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 contracted growers?

3. Is your organization/company contracting with U.S. growers in **2017**?

Yes No

4. Will your organization/company contract with U.S. growers in **2018**?

Yes No

5. Is contracting with U.S. growers a significant function of your organization/company operations?

Yes No

6. Will your organization/company be using our Grower ID system to track GAP education and training?

Yes No

7. Will your organization/company be using our Compliance Audit Service to provide third-party verification or measurement of compliance with your growers?

Yes No

A response of "No" to question 6 or 7 does not disqualify applicant for membership and is used for GAPC planning purposes.

Membership Dues

Companies with 212 growers or less:

Annual dues \$10,000 and one-time engagement fee \$5,000 = Total (\$15,000)

Companies with 213 growers or more:

\$47.00 per contract growers and one-time engagement fee (50% of dues in first year)

Please select your membership category:

212 growers or less: \$15,000 (dues plus engagement fee)

213 growers or more:

Number of growers as of date of application: _____ x \$47.00 = _____

Engagement fee (50% of dues): _____

An invoice for that amount will be sent to the business contact listed in the application once membership is approved.

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: ___/___/_____)

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

Confidentiality Agreement (Date: ___/___/_____)