

RENEWAL REGULAR 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

Who is your current representative on the Board of Directors?

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

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

Paper transactions

Wire transfers

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

Yes No

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

Yes No

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

Yes No

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

Yes No

5. 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 4 or 5 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

Companies with 213 growers or more:

\$47.00 per contract growers

Please select your membership category:

212 growers or less: \$10,000

213 growers or more:

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

**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: ___/___/_____)