



2012

MEMBERSHIP APPLICATION & MEMBER PROFILE FORM

Membership Category(s): [ ] Owner [ ] Management Company [ ] Manager [ ] Vendor/Supplier

Description of Business, if not an owner: \_\_\_\_\_

Vendor Product/Service Category(ies): \_\_\_\_\_

Table with 2 columns: Description, Amount. Rows include 2012 Membership Dues (\$250.00), 2012 Optional Legislative Fund Contribution of \$25 (\$25.00), Total - Including Optional Legislative Fund Contribution (\$275.00), and Additional Voluntary Legislative Fund Contributions (\$\_\_\_\_\_).

Member's Name \_\_\_\_\_

Company Name \_\_\_\_\_ # Facilities \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_

Email\* \_\_\_\_\_

(\*necessary, to receive GASSA communications.)

Facility Addresses, if different from above. Attach additional pages, if necessary.

Facility Name \_\_\_\_\_ Facility Name \_\_\_\_\_
Contact Name \_\_\_\_\_ Contact Name \_\_\_\_\_
Address \_\_\_\_\_ Address \_\_\_\_\_
City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_
Phone \_\_\_\_\_ Fax # \_\_\_\_\_ Phone \_\_\_\_\_ Fax # \_\_\_\_\_

Payment Terms: Make check payable to "GASSA" and mail with application/profile form to:

GASSA o Suite 260 #510 o 3162 Johnson Ferry Road o Marietta, GA 30062

Credit card (VISA & MasterCard) payments can be made by calling GASSA at 678-764-2006.