# Business Partner Membership Form

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| **Business Partner Membership Dues**  Membership period is **April 1 – March 31** | **$75.00** |
| ***Make check payable to GAPPA and Mail to:*** | **GAPPA Membership Department**  **c/o APPA**  **1643 Prince Street**  **Alexandria, VA 22314-2818** |

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| --- | --- | --- | --- | --- |
| **Business Name:** | |  | | |
| **Street Address:** | |  | | |
|  | | | | |
| **City/State/Zip** | |  | | |
| **Primary Representative**  (individual): | |  | | |
| Title: | |  | | |
| Address  (if different from above): | |  | | |
| City/State/Zip | |  | | |
| Phone: |  | | Fax: |  |
| Email: |  | | | |

**Associate Representatives**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Individual 1** | |  | | |
| Title: | |  | | |
| Address  (if different from above): | |  | | |
| City/State/Zip | |  | | |
| Phone: |  | | Fax: |  |
| Email: |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Individual 2** | |  | | |
| Title: | |  | | |
| Address  (if different from above): | |  | | |
| City/State/Zip | |  | | |
| Phone: |  | | Fax: |  |
| Email: |  | | | |

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| **Individual 3** | |  | | |
| Title: | |  | | |
| Address  (if different from above): | |  | | |
| City/State/Zip | |  | | |
| Phone: |  | | Fax: |  |
| Email: |  | | | |