



**2017
MEMBERSHIP FORM**

Fill out this form and email it to roliver@asqinfo.net or mail it to:
PO Box 1128, LaGrange, GA 30241.

Indicate Member Category (per GASSA By-laws):

- Full Member (Owner – at least 5% ownership)
- Associate Member (Vendor, or Owner with less than 5% ownership)

2017 Membership Dues:**\$250.00**
(Jan. 1, 2017 – Dec. 31, 2017)

Member's Name _____

Company Name _____ **# Facilities** _____

Mailing Address _____

City/State/Zip _____

Telephone _____ **Fax** _____

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:

Check: Make checks payable to 'GASSA' & mail with the application to P.O. Box 1128, LaGrange, GA 30241

Credit Card: AMEX MC VISA DISCOVER

Name: _____ Signature: _____

Card #: _____ Exp. Date: _____ CCV: _____