



**MEMBERSHIP APPLICATION FORM**

Please choose type of membership:

- Individual Membership                      USD 100
- Basic Business Membership                      USD 400
- Corporate Membership                      USD 1,000
- Executive Membership                      USD 3,000

**Basic Membership Information:**

First and Last Name \_\_\_\_\_

Company/Organization  
(if not an Individual Member) \_\_\_\_\_

Email \_\_\_\_\_ Internet Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business or Industry (if not an Individual Member) \_\_\_\_\_

*Please note: The information above will I listed in our online and print membership directory.*

**Additional Membership Information (optional):**

Filling out this questionnaire helps us to better focus our efforts on your needs.

Are you a: 501(c) (3) \_\_\_\_\_ 501 (c) (6) \_\_\_\_\_ other \_\_\_\_\_ none \_\_\_\_\_

Year established \_\_\_\_\_ Number of employees' \_\_\_\_\_ SIC-CODE \_\_\_\_\_

Memberships in other organizations \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Is there anything specific we can help you with right away? \_\_\_\_\_

Are you interested in receiving profiles of students and young professionals who would like to do an internship at your company? (This is a free service for our members) \_\_\_\_\_

*The undersigned hereby applies for the above selected membership at GACC California and agrees to pay the respective annual dues. You will receive an invoice shortly.*

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_