

GAPPA
Georgia Chapter of APPA

Business Partner Membership Form

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

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:			

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