



# ASSOCIATE COMPANY MEMBERSHIP FORM

## Company Information

Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Website: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Membership Level

- \$1,000 Members (3-6 Individual Members)     \$2,500 Level (more than 7 Individual Members)

## Payment Information

- Check Enclosed  
 Please call me for the credit card details.

## List of Individual Members

1. Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Email: \_\_\_\_\_
2. Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Email: \_\_\_\_\_
3. Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Email: \_\_\_\_\_
4. Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Email: \_\_\_\_\_
5. Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Email: \_\_\_\_\_
6. Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Email: \_\_\_\_\_

Please attach a list of additional names as needed.

Return form with payment to GEAPS 4800 Olson Memorial Highway #150, Golden Valley, MN, 55422 or email to [memberservices@geaps.com](mailto:memberservices@geaps.com).