



GEAPS Membership Pin Order Form

Chapter Name: _____

Desired number of pins (fill in box):

5 year

10 year

15 year

20 year

Total # of pins ordered:

Multiply # above by \$2.75:

Add shipping charge:

\$5.00

Total amount:

Shipping Information:

Name

Company (if shipping to business)

Address

City

State

Postal Code

Country

Payment Type

Check (make payable to GEAPS) Check Number: _____

Credit Card:

Visa

MasterCard

American Express

Name on card: _____

Card number: _____ Expiration date: _____

Signature: _____

Information, Innovation, Networking, Professionalism, Quality, Safety, Environmental Responsibility

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