



REGULAR FACILITY MEMBERSHIP FORM

Company Information

Company: _____

Facility Name: _____

Street Address: _____

City/State/Zip: _____

Website: _____

Contact Name: _____ Contact Title: _____

Phone: _____ Email: _____

Type of Facility: Country Elevator Terminal Elevator Port Elevator Processing Plant
 Headquarters Other _____

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.