

SGA

APPLICATION FOR ASSOCIATE MEMBERSHIP

Company Name

Address

City, State Zip

Phone

Fax

E-mail

Accredited Representative Name and Title

Method of payment: Dues are \$1,100 annually

___ Check enclosed

Credit Card:

___ American Express ___ MasterCard

___ Visa

Card Number

Name on card

Exp. Date:

Check Membership Type: ___ Regular Membership (\$1,100) ___ Network Membership (\$2500)

List principal company products and/or services that apply to the gas industry:

Please check categories that apply to your company:

- | | |
|--|---|
| ___ Gas appliances | ___ Financial/management consulting |
| ___ Coatings/cathodic protection | ___ Instruments |
| ___ Communications/controls/SCADA | ___ Meters/measurement |
| ___ Compressor/prime movers/components | ___ Offshore Services |
| ___ Computers/software/IT | ___ Pipe/fittings |
| ___ Construction equipment/services | ___ Safety/Health products |
| ___ Customer service/call centers | ___ Training/ HR/Professional development |
| ___ Engineering services/consultants | ___ Valves/equipment |
| ___ Environmental | ___ Other - please describe |