



Membership Application

Date: _____

Name: _____ Company Name: _____

Type of primary business (percentage): _____

Type of secondary business: (if applicable, percentage) _____
Percentage of business: _____

Please describe the type of services your business offers: _____

Territorial coverage (if restricted): _____

Type of accounts you solicit: _____

What type of leads or general information would be most beneficial? _____

Other affiliations, networking groups or organization of which you are a current member: _____

Referred by: _____

Business address _____ City _____ State _____ Zip _____

Home address _____ City _____ State _____ Zip _____

Telephone _____ Cell _____
() _____ () _____

Fax _____ Other Telephone _____
() _____ () _____

Company email _____ Company website _____

Alternate email _____

Email to: Dr. Donna Boylan, Membership Director. Please put GDBA in subject line sunny33side@yahoo.com