



Membership Application

Date: _____

Name: _____ Company Name: _____

Type of primary business: _____

Type of secondary business: (if applicable) _____ 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

Email to: C. Schosser, Membership Director. Please put GDBA Application in the subject line. schosserco@yahoo.com