



MEMBERSHIP APPLICATION

Yes, we wish to become a member of AGTS and receive the lower member rates!

Date: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Dues - for 12 months starting the month payment is received. Enclose annual payment.

\$250 - Public Sector and Not-for-Profit

\$350 - Private Sector

Charge to Credit Card: Visa Master Card American Express

Card Holder Name: _____

Card #: _____

Expiration Date: _____

Signature: _____

In order to better serve you, please provide us with the following information about your organization.

Number of Employees: _____

Contact Name: _____ Title: _____

Phone #: _____ Fax #: _____

E-mail Address: _____

Mailing Address: _____

Physical Address: _____

Training Officer: _____ Phone: _____

E-mail Address: _____

Organization's Mission: _____