

Date Completed: _____
GSAHSA office use

Member ID#: _____
GSAHSA office use

MEMBERSHIP FORM
Business Partners

Business Partner -- \$350 per year

Join Date: _____

Check One: **New Member**
 Change of Information

Business Associate Information

Business Name: _____
Contact Person: _____ Title: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Office Telephone: _____ Fax: _____
Cell Phone: _____
Contact Email: _____
Other Email: _____ Business Web Address: _____

Company Headquarters Information (if applicable)

Company Name: _____
Contact Name: _____ Title: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Office Telephone: _____ Fax: _____
Cell Phone: _____
Contact Email: _____

Type of Business: Med Supply Food Service Financial
 Pharmaceutical Office Supply Housekeeping
 Association Bathing Government Agency
 Therapy Furniture Architect/Construction
 Property Maintenance Marketing/Advertising/PR
 Other (*specify*) _____

Short description of your business services: