



## MEMBERSHIP APPLICATION

**Name of Company:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Sponsor:** \_\_\_\_\_

**Brief Description of Company:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Application for:**

Corporate Member

Associate Member

**Annual Dues Enclosed:**

Corporate: \$400

Associate: \$500

**RETURN FORM & CHECK FOR MEMBERSHIP TO:**

**Pat Younger**  
**Executive Director**  
**Gulf Ports Association of the Americas**  
**9 Parkside Road**  
**The Hills, TX 78738**