

**Gulf Ports Association
Registration Form – Associate Members**

Name of Your Port: _____ (submit one form per person attending)

Representatives Attending: (please include spouses' names as well)

Name: _____

_____ **Spouse/Guest:** _____

Please indicate the **number** of people from your group attending each of the following:

1. **Golf on Wednesday:** No: _____ Yes: _____ Please arrange with the pro shop directly if you need to rent clubs. **Handicap:** _____

2. **Reception on Wednesday Night:** No: _____ Yes: _____

3. **GPAA Meeting Thursday:** No: _____ Yes: _____

4. **Lunch on Thursday (members only, no spouses):** No: _____ Yes: _____

5. **Dinner on Thursday night:** (number attending): No: _____ Yes: _____

Please return completed registration form(s) by EMAIL to:
gulfportsaa@aol.com.

Registration fee of \$250 per person attending (no fee for spouses) must be mailed prior to the meeting to:

**Gulf Ports Association
9 Parkside Rd.
The Hills, TX 78738**