

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

**Name of Your Company:** \_\_\_\_\_ (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: \_\_\_\_\_

**Registration fee: \$350 per attendee ( no fee for spouses). Please mail form and payment (checks only) to:**

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