



Gulf Ports Association

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**