

MEMBERSHIP APPLICATION

Name of Company:

Contact Name:

**Address, City,
State, Zip:**

Phone:

Fax:

Email:

Website:

Sponsor:

Brief description of Company:

Application for:

☐ Corporate Member

☐ Associate Member

Annual Dues Enclosed:

☐ Corporate: \$500

☐ Associate: \$600

RETURN FORM & CHECK FOR MEMBERSHIP TO:

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