

GITA Southeast Membership Application



Please choose membership type:

___ Individual - \$25.00

___ Student – Free (must include copy of valid student ID)

___ Corporate - \$150.00

Member Information:

Primary Member

Name: _____

Job Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

3) Name: _____

Job Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

Additional Members

2) Name: _____

Job Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

4) Name: _____

Job Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

Please complete and email to GITA Southeast Treasurer, Tammy McCracken at tmccracken@gisinc.com.

GITA Southeast Credit Card Payment Form



To pay by credit card fill out and email completed the credit card payment form to our Treasurer Tammy McCracken at tmccracken@giscinc.com.

Credit Card Type: (Check One)

Visa

Master Card

Discover

Name as it appears on the Card: _____

Card Holder Address: _____

City: _____ State: _____ Zip: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Amount: _____

Signature: _____

Payment for: (Check one)

Individual Membership

Corporate Sponsorship

Event Sponsorship

Other: (Specify): _____

GITA Southeast

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