



MEMBERSHIP APPLICATION

Business Name

Physical Address

Mailing Address

City

State

Zip

Note: Information above will be published in GTP communications, including the website, newsletter, directory, etc.

Business Phone

Fax

Business Email

Website

What category best describes your business.

- | | | |
|---|---|---|
| <input type="checkbox"/> Advertising & Media | <input type="checkbox"/> Finance & Insurance | <input type="checkbox"/> Public Utilities & Environment |
| <input type="checkbox"/> Arts, Culture & Entertainment | <input type="checkbox"/> Government & Education | <input type="checkbox"/> Real Estate & Construction |
| <input type="checkbox"/> Automotive, Aviation & Marine | <input type="checkbox"/> Health Care | <input type="checkbox"/> Restaurants, Food & Beverages |
| <input type="checkbox"/> Business & Professional Services | <input type="checkbox"/> Home & Garden | <input type="checkbox"/> Shopping & Specialty Retail |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Industrial & Manufacturing | <input type="checkbox"/> Sports & Recreation |
| <input type="checkbox"/> Computers, IT & Technology | <input type="checkbox"/> Lodging, Travel & Tourism | <input type="checkbox"/> Other |
| <input type="checkbox"/> Employment & Staffing | <input type="checkbox"/> Personal Services & Care | |
| <input type="checkbox"/> Family, Community & Non-Profit | <input type="checkbox"/> Pets & Veterinary | |

Number of Full Time Employees

Number of Part Time Employees

Year Business Established

Primary Contact Name

Title

Email

How did you hear about the GTP membership opportunities?

- | | | | |
|---|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Partnership Member - Who _____ | <input type="checkbox"/> Website | <input type="checkbox"/> TV | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> E-News | <input type="checkbox"/> Social Media | <input type="checkbox"/> Friend/Word of Mouth |
| <input type="checkbox"/> Employee - Who: _____ | <input type="checkbox"/> Other: _____ | | |

Is your business women, minority and/or veteran owned? Women Minority Veteran

Do you offer a military discount? Yes No

Optional: Member 2 Member Benefit Yes No

This is an opportunity for you to offer Partnership members a special discount for supporting the Partnership, driving members to business, and providing another value to your membership.

Signature

Date