



**APPLICATION FOR
ASSOCIATE MEMBERSHIP**

Please print or type the full name of your company and address as you wish it to be published in our annual directory.

Company Name: _____
Official: _____
Street Address: _____
P.O. Box: _____
City: _____
State & Zip: _____
Telephone: _____ Fax: _____
E-mail: _____
Website: _____

Alternate Address
Street Address: _____
City: _____
State & Zip: _____
Telephone: _____ Fax: _____

Classification to be listed under: (Check one)

- | | | |
|--|---|--|
| <input type="checkbox"/> Attorneys | <input type="checkbox"/> Banks | <input type="checkbox"/> Brokers, Buyers & Sales |
| <input type="checkbox"/> Consultants | <input type="checkbox"/> Containers | <input type="checkbox"/> Equipment & Maintenance |
| <input type="checkbox"/> Fertilizers & Chemicals | <input type="checkbox"/> Frozen Food Processors | <input type="checkbox"/> Growers |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Paper & Film | <input type="checkbox"/> Refrigeration |
| <input type="checkbox"/> Seeds | | |

Miscellaneous (Please specify) _____

Please describe how your business relates to the fresh produce industry:

Completed by: _____
Date: _____

Please return this application to:
Grower-Shipper Association
512 Pajaro Street
Salinas, CA 93901

Also, call (831) 422-8844 for dues information.



SPONSOR

Please list a GSA Regular Member firm who will sponsor your application.

Company Name: _____

Address: _____

Telephone Number: _____

Contact: _____

E-mail: _____

REFERENCES

Please list local references that you are currently doing business with and that are in the produce industry.

Company Name: _____

Contact: _____

Address: _____

Telephone Number: _____

E-mail: _____

Company Name: _____

Contact: _____

Address: _____

Telephone Number: _____

E-mail: _____