



**APPLICATION FOR
REGULAR 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: _____
 Street Address: _____
 P.O. Box: _____
 City: _____
 State & Zip: _____
 Telephone: _____ Fax: _____
 E-mail: _____
 Website: _____

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

Commodities: _____

Brands/Labels: _____

Officials:	Title: _____	E-mail: _____
	Title: _____	E-mail: _____
	Title: _____	E-mail: _____
	Title: _____	E-mail: _____
Personnel:	Title: _____	E-mail: _____
	Title: _____	E-mail: _____
	Title: _____	E-mail: _____
	Title: _____	E-mail: _____
	Title: _____	E-mail: _____

Completed By: _____ Title: _____

Please enclose your company logo in black & white that will be printed in our directory. Attach a separate sheet if more room is needed. Return this application to:

Grower-Shipper Association



**GROWER-SHIPPER
ASSOCIATION**
of Central California
Since 1930

P.O. Box 828, Salinas, CA 93902



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: _____