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2006 GSA Membership Application

Date: _____

Company: _____

Address: _____

Phone: _____ **Fax:** _____

Please include email addresses for each representative.

Meeting announcements and other information are often sent via email.

_____	_____
Managing Principal	Email
_____	_____
Name	Email
_____	_____
Name	Email

Type of business:(circle one) buyside sellside

Location of other offices _____

Number of professionals (registered representatives, financial planners, portfolio managers, advisors or traders) _____

Brief description of business: _____

Fee Structure

(Tax ID 58-1548071)

	Total Number of Registered Personnel	Amount Due
<input type="checkbox"/>	1-10	\$500
<input type="checkbox"/>	11-25	\$750
<input type="checkbox"/>	26-50	\$1,000
<input type="checkbox"/>	51-100	\$1,500
<input type="checkbox"/>	Over 100	\$2,000

Please make checks payable to GSA and mail with application to:

GSA

P.O. Box 12106

Atlanta, Georgia 30355

Please contact Becky Alley at (770) 978-1142

or rebekah.alley@comcast.net with any questions.

** Letter of acceptance sent and checks deposited upon Board approval*

P.O. Box 12106 / Atlanta, Georgia 30355 / (770) 978-1142

www.gasec.org