

## Affiliate Member Application

**DATE:** \_\_\_\_\_

**Company Name** \_\_\_\_\_

**DBA** \_\_\_\_\_

**Affiliate Member Name** \_\_\_\_\_

**Office Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Office Phone** \_\_\_\_\_

**Cellphone** \_\_\_\_\_

**Primary Phone** \_\_\_\_\_

**Supra E Key Access**                      **YES**                      **NO**

**Home Address** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Website Address** \_\_\_\_\_

**Type of Business** \_\_\_\_\_

**Signature** \_\_\_\_\_

**D.R.E./NRDS** \_\_\_\_\_

4045 E Ramon Rd, Palm Springs CA 92264

(760) 320-6885

**Individual membership is required of all company employees to attend GPSR meetings and functions.**