

GSAQG Membership

All Current members **MUST** fill out this form when renewing each year.

Date _____ **PLEASE PRINT LEGIBLY**

Please check ALL that apply:

- New Renew New Address New Phone #
 Hard copy of newsletter via mail (+\$15) New email

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip + 4 digits _____

Phone # (____) _____ Email address _____

Birthday (month and day) _____

Have you been a member before? _____ When? _____

Amount Paid \$ _____ Check # _____ Paid in Cash _____ CCard _____

Credit Card # _____
 Visa Master Card Expiration date _____
3 digit Security code _____
Credit Card information is NOT needed when we are able to swipe
your card. All credit card information will be destroyed when
transaction is complete.