

Yes, we wish to become a member of AGTS and receive the lower member rates!

Date: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Dues - for 12 months starting the month payment is received. (Enclose annual payment.)

\$250 - Public sector and not-for-profit

\$350 - Private sector

Charge to Credit Card: Visa Master Card American Express

Card Holder Name: _____

Card #: _____

Expiration Date: _____

Signature: _____

In order to better serve you, please provide us with the following information about your organization.

Number of Employees: _____

Lead Training Contact: _____ Title: _____

Phone #: _____ Fax #: _____

E-mail Address: _____

Mailing Address: _____

Physical Address: _____

Contact for Renewal: _____ Phone: _____

E-mail Address: _____