

## APPLICATION FOR ASSOCIATE MEMBERSHIP

**Submit by Email** 

	*Accredited Representative Name and Title		
Company Name			
	Payment Type:		
Address	- w/		
	Check enclosed		
City, State Zip	<b>Credit Card</b> : (includes 3% process	sing fee)	
		asterCard	
Phone	Visa		
<b>Accredited Representative Email</b>	Card Number		
	Card Number		
*Signature	Card Holder		
	Exp. Date:	CVV	
Select Membership Type:			
Regular Membership (\$1,100)	Regular + All-Access (\$5	5,500)	
	(All Access = Access for all employees to register for		
Regular + Network Membership (\$2,500)  (Network = Access For All Employees to On-Demand Training Library through Campus)	of SGA live, virtual, instructor led trainings on SGA Course Calendar)  Regular + All-Access + OnDemand Network (\$6,000)		
Type:			
List principal company products and/or services that	apply to the gas industry:		
Please highlight categories that apply to your compar	ny:		
Gas appliances	Financial/management cor	nsulting	
Coatings/cathodic protection	Instruments		
Communications/controls/SCADA	Meters/measurement		
Compressor/prime movers/components	Offshore Services		
Computers/software/IT	Pipe/fittings		
Construction equipment/services Customer	Safety/Health products		
		development	
consultants Environmental	Valves/equipment		
	Other – please describe		