

**APPLICATION FOR
ASSOCIATE MEMBERSHIP**[Submit by Email](#)_____
Company Name_____
Address_____
City, State Zip_____
Phone_____
Fax_____
EmailAccredited Representative Name and Title
_____**Payment:** \$1,150 annually + 3% process fee**Credit Card:**☐

American Express

☐

MasterCard

☐

Visa

Card Number_____
Name on Card_____
EXP:_____
CCV☐**Regular Membership (\$1,150)**
(01/01 - 12/31)☐**I would like to learn more about SGA
training subscriptions, All-Access and/or
Campus.****In what ways would your company like to engage with SGA to maximize mutual value and impact?**

_____**Please check categories that apply to your company:**

___ Gas appliances
___ Coatings/cathodic protection
___ Communications/controls/SCADA
___ Compressor/prime movers/components
___ Computers/software/IT
___ Construction equipment/services
___ Customer service/call centers
___ Engineering services/consultants
___ Environmental

___ Financial/management consulting
___ Instruments
___ Meters/measurement
___ Offshore Services
___ Pipe/fittings
___ Safety/Health products
___ Training/ HR/Professional development
___ Valves/equipment
___ Other - please describe