



Membership Application

Date: _____

Company or organization: _____

Mailing address: _____

City, State: _____ Zip _____

Company or tour site web address: _____

Full name of Representative: _____

Title: _____

Phone No: _____ Fax No: _____

Email: _____

Full name of Alternate: _____

Title: _____

Phone No: _____ Fax No: _____

Email: _____

25 words or less description of your program: _____

Types of people toured: _____

Objective of your tour operation: _____

(Continued)

Is there a charge for your tour? ___Yes ___No If "Yes", how much per person? _____

Please indicate the type of tour you offer by checking one or more (Mark all that are applicable of the categories listed below):

- | | | |
|---|---|--|
| <input type="checkbox"/> General Public | <input type="checkbox"/> Historical | <input type="checkbox"/> Product/Manufacturing |
| <input type="checkbox"/> Education | <input type="checkbox"/> Institutional | <input type="checkbox"/> Research/Development |
| <input type="checkbox"/> Governmental | <input type="checkbox"/> Corporate Services | <input type="checkbox"/> VIP |

How many guests tour your facility annually? _____

What type of product samples do you offer? _____

Do you have an Audio/Visual presentation? _____ If so, how long? _____

Do you have a gift shop? _____ If yes, what size? _____

Do you have a museum? _____ If yes, what size? _____

How many guides do you use? _____

How did you find out about GRA? _____

Payment Information

- Bill my credit card:

I hereby authorize the Guest Relations Association to charge \$250.00 to my credit card



Name on Card: _____



Account Number: _____



Expiration Date: _____ MM/YYYY

- Check (for \$250.00, payable to Guest Relations Association)

Dues for GRA are \$250.00 annually and payable at the beginning of each year. Once approved as a member, statements are mailed for renewal of the membership. Tax I.D. # for GRA is 84-121-3423.

Please complete this application and mail it with payment to:

**Mr. Curtis Andersen
GRA Treasurer
C/O Sweet Candy Co.
3780 West Directors Row
Salt Lake City, UT 84104**

Office: 801-886-1444 Email: curtisa@sweetcandy.com

Internal Processing Only

	Date Paid
Application completed	_____
Mailing label created	_____
Welcome packet mailed	_____
New Member Newsletter Article	_____
Approval: Membership chair	_____
Copies to Executive Committee	_____