

## ASSOCIATE MEMBERSHIP APPLICATION

| Company / Organization:                 |
|---|
| Address:                                |
| Mailing Address (if different):         |
| Membership Point of Contact:            |
| Point of Contact Title:                 |
| Telephone:                              |
| Email:                                  |
| Brief Description of your Organization: |
|   |

Please return this application to: fisher@greatlakesports.org

All applications for associate membership will be reviewed by the corporate (voting) members of the organization. Subsequent to approval, annual membership dues of \$750 will be invoiced. Memberships initiated mid-year will be prorated accordingly.