



GBATA

Global Business and
Technology Association®

MEMBERSHIP APPLICATION FORM

First Name:	Middle Name:	Last Name:
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EMAILS

Primary E-mail:	Secondary E-mail:
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PHONES

Primary Phone:	Secondary Phone:
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MAILING ADDRESS

Street:	City:	
State:	Zip Code:	Country:

PROFESSIONAL INFORMATION

Affiliation/ Institution:

College/ School/ Division:

Department:	Field of Interest:
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PAYMENT OPTIONS

Check Credit Card* Bank Transfer*

**Additional \$20.00 fee*

First Name:	Middle Name:	Last Name:
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Name of Cardholder:

Card Type: American Express Discover MasterCard Visa

Card Number:	Expiration Date:	*CVV2 Code:
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**Last 3 digits following account number on back of card*

Billing Address:	City:	
State:	Zip:	Country:

Authorized Amount to be Charged:	Authorized Name:
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