MEMBERSHIP APPLICATION FORM

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Middle Name:</th>
<th>Last Name:</th>
</tr>
</thead>
</table>

**EMAILS**
- Primary E-mail: 
- Secondary E-mail: 

**PHONES**
- Primary Phone: 
- Secondary Phone: 

**MAILING ADDRESS**
- Street: 
- City: 
- State: 
- Zip Code: 
- Country: 

**PROFESSIONAL INFORMATION**
- Affiliation/ Institution: 
- College/ School/ Division: 
- Department: 
- Field of Interest: 

**PAYMENT OPTIONS**
- [ ] Check 
- [ ] Credit Card* 
- [ ] Bank Transfer*
  *Additional $20.00 fee

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<th>Last Name:</th>
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Name of Cardholder: 

| Card Type: | American Express | Discover | MasterCard | Visa |

| Card Number: | Expiration Date: | *CVV2 Code: |

*Last 3 digits following account number on back of card

<table>
<thead>
<tr>
<th>Billing Address:</th>
<th>City:</th>
</tr>
</thead>
</table>
- State: 
- Zip: 
- Country: 

Authorized Amount to be Charged: 

Authorized Name: 

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