



**Global Business And Technology Association**™  
*research • associate • communicate*

**MEMBERSHIP APPLICATION FORM**

First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

**E-MAILS**

Primary E-mail: \_\_\_\_\_ Secondary E-mail: \_\_\_\_\_

**PHONES**

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**MAILING ADDRESS**

Street: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

**PROFESSIONAL INFORMATION**

Affiliation / Institution: \_\_\_\_\_

College / School / Division: \_\_\_\_\_

Department: \_\_\_\_\_ Field of Interest: \_\_\_\_\_

**PAYMENT OPTIONS**

Check

Credit Card\*

Bank Transfer\*

*(Note: there is an additional \$20.00 fee for payment by credit card & bank transfer)*

First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Card Type:  American Express  Discover  MasterCard  Visa

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV2 Code\*: \_\_\_\_\_

*\*Last 3 digits following acct # on back of card*

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Authorized Amount to be Charged: \_\_\_\_\_ Authorized Name: \_\_\_\_\_