



MEMBERSHIP APPLICATION

Company Name _____

Representative _____

Position in the company _____

Email _____

Preferred Phone _____

Street Address _____

Website _____

Primary Business: MARINA REPAIR SUPPLY SALES

OTHER _____

Date Application Submitted _____

ANNUAL DUES ARE \$200.

Please remit payment by check:

CGMTA
c/o Liliana Lewis
P.O. Box 1794
Orange Beach, AL 36561

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FOR INTERNAL USE ONLY:

Check # _____

Administrator Signature _____