



**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 Administrator  
P.O. Box 1794  
Orange Beach, AL 36561

.....

**FOR INTERNAL USE ONLY:**

Check # \_\_\_\_\_

Administrator Signature \_\_\_\_\_