CLEAN AIR. HEALTHY COMMUNITIES.

MEMBERSHIP APPLICATION

Thank you for becoming a Gasp member! Please fill out the information below and return this form to the address at the bottom of the page. If you have any questions, contact us at social@gaspgroup.org or 205.938.4277.

CONTACT INFORMATION

TITLE _____ FIRST NAME _____ MI _____ LAST NAME _____

ADDRESS _____

City _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

MEMBERSHIP TYPE

_____ Student _____ Family _____ Complimentary*
_____ Individual _____ Corporate

DONATION AMOUNT

_____ $5 _____ $10 _____ $25 _____ $50
_____ $100 _____ $250 _____ $500 _____ $1,000
_____ $2,500 _____ $5000 _____ $10,000 Other: _____

PAYMENT TERM

_____ One-Time Annual _____ Annual Renewing _____ Monthly Renewing

PAYMENT INFORMATION

_____ Cash (enclose) _____ Check (enclose) _____ Credit Card (below)
_____ Visa _____ MasterCard _____ American Express _____ Discover

Card Number _____

Expiration Date (month/year) _____ / _____ **Security Code** _____

By signing below, you agree that you support the mission and purpose of Gasp and wish to become a member.

_____
Applicant Signature Date

_____
Executive Director Signature Date

Gasp is a 501(c)(3) non-profit organization. Donations are tax deductible to the extent allowed by law. Donation not required to become a member.
*Complimentary membership requires approval of Executive Director.