

Date: _____

**Gulf Coast Process Technology Alliance
In-Region Non-Voting Associate College Membership Application**

Submitted by: _____

Alliance Member

Name: _____

Position: _____

College: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ FAX: _____

E-Mail: _____

Reason for requesting membership: _____

Membership guidelines include:

- 1. One member per organization (recommended)**
- 2. New members should demonstrate a commitment to attend meetings and participate on committees.**
- 3. Failure to attend meetings may result in review of membership status by Alliance Steering Committee.**

Please e-mail this form to:
exdir@gcpta.org

Or mail to:
Gulf Coast Process Technology Alliance
14450 FM 2100
Suite A #149
Crosby, TX 77532