

## Membership Information

EGIA membership is company based. Please provide us with the company information for which you would like your membership attributed to.

Company Name:

Company Phone:

Physical Address:

City:

State:

Zip:

## Primary Contact Information

Please provide us with the contact information for the primary person we should communicate with regarding your company's membership.

Name:

Title:

Phone:

Email:

## Membership Type & Payment Information

By completing and submitting this application, you are authorizing EGIA to charge your credit card the monthly amount selected below for EGIA membership. EGIA memberships are annual commitments and will be billed for a minimum of 12 consecutive months.

Basic Annual Membership  
(\$49/Month)

Plus Annual Membership  
(\$279/Month)

Premium Annual Membership  
(\$499/Month)

Select Card Type:  Visa  MasterCard  Amex

CC#:

Name on Card:

Exp Date:

CVV#:

Billing Address:

City:

State:

Zip:

Signature:

Return this completed form to [memberservices@egia.org](mailto:memberservices@egia.org)