

## TGCC Membership Information Sheet

NAME: COMPANY:

*as you'd like it to appear on official documents*

TITLE: # OF YEARS WITH COMPANY:

YOUR EMAIL ADDRESS:

BUSINESS ADDRESS:

PHONE: FAX:

WEBSITE: CELL:

PREFERRED WAY OF CONTACT: EMAIL PHONE FAX US MAIL

ASSISTANT/SECRETARY: EMAIL:

# OF EMPLOYEES: # OF YEARS IN BUSINESS:

ANY DIETARY RESTRICTIONS OR FOOD ALLERGIES?

PAST & CURRENT COMMUNITY AFFILIATIONS; PLEASE ALSO NOTE LEADERSHIP POSITIONS HELD WITH ANY OF YOUR COMMUNITY AFFILIATIONS:

---

---

---

---