



# IGSHPA Large & Small Corporate Membership Application

Phone: 800-626-4747

www.igshpa.org

Please fill out the following form based on your membership qualification. You will also choose your sector for voting and sector meeting purposes.

### Company:

Designate Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Web: \_\_\_\_\_

### Sector Affiliation:

Manufacturer  Utility

### Alternate Member Information

Large corporate members receive 3 alternate members who receive voting rights.

Small corporate members receive 2 alternate members who receive voting rights.

Please fill out the appropriate lines for each alternate member your membership type provides you.

Alternate 1 \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

E-Mail \_\_\_\_\_ Web address \_\_\_\_\_

### Alternate 1 Sector Affiliation:

Manufacturer  Utility  Product Distributor  Dealer/Contractor  Architect/Engineer  GHEX  General Membership

Alternate 2 \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

E-Mail \_\_\_\_\_ Web address \_\_\_\_\_

### Alternate 2 Sector Affiliation:

Manufacturer  Utility  Product Distributor  Dealer/Contractor  Architect/Engineer  GHEX  General Membership

Alternate 3 \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

E-Mail \_\_\_\_\_ Web address \_\_\_\_\_

### Alternate 3 Sector Affiliation:

Manufacturer  Utility  Product Distributor  Dealer/Contractor  Architect/Engineer  GHEX  General Membership

### Payment Information

Payment by one of the following methods must accompany this form.

Yes! Sign me up for an IGSHPA Membership

\_\_\_\_\_ **\$1,430 Large Corporate Membership**

\_\_\_\_\_ **\$640 Small Corporate Membership**

\_\_\_\_\_ Check enclosed, **US dollars payable through a US bank**

\_\_\_\_\_ Charge my:  VISA  MasterCard

Card# \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVC Code \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Please do not email credit card information. International members, call for wire transfer instructions.

### Mail or Fax the Completed Form to:

The International Ground Source Heat Pump Association  
1201 S. Innovation Way Dr. Suite 400

Stillwater, OK 74074

**Fax: 405-744-5283**