

GRANTS COLLABORATIVE OF TAMPA BAY



2012 Membership Application

Category of Membership (Check One): New Renewal

Name: _____
First Middle Initial Last

Organization: _____

Title: _____

Mailing Address: _____ Contact Phone Number

Alternate Phone Number

Email Address: _____

Please indicate how you learned about GCTB: _____

Please check your choice for committee membership:

Membership Events Programs Website

To become a member, please **complete this application** and send along with your check for **\$25.00 annual membership dues to:**

Lisa Matzner, Membership Chair
Grants Collaborative of Tampa Bay
c/o 503 S. Martin Luther King Jr. Avenue
Clearwater, FL 33756

Applicant Signature: _____ Date: ___/___/___