



2016 Membership Application
(01/01/16 – 12/31/16)

Category of Membership (Check One): New Renewal

Name: _____
First Middle Initial Last

Organization: _____

Title: _____

Mailing Address: _____ Contact Phone Number

_____ (____) _____

Email Address: _____

Please indicate how you learned about GCTB: _____

Please check your choice of committee participation:

Membership Events Programs Website

To become a member, please **complete this application** and send along with your check for **\$35.00 annual membership dues to:**

Claire Cohn, Treasurer
Grants Collaborative of Tampa Bay
c/o 1199 Mineola Circle
Palm Harbor, FL 34683

Applicant Signature: _____ Date: ___/___/___

Annual membership coincides with the calendar year, January through December, and includes the cost of lunch at our Annual Meeting in December. Additionally, membership provides eligibility for GCTB Scholarships to offset costs of professional development and free listings for employment recruitment on the GCTB website.