

The undersigned hereby subscribes to membership in the Gas Compressor Association, ("GCA"), of the Dallas Association of Credit Management, ("DACM"), and DACM effective the _____ day of _____, 20_____. We understand that this is an annual contract, and it continues from year to year at the then prevailing rate unless notice, in writing, is given (30) days in advance of the anniversary date, which shall be January 1.

The undersigned understands that membership in the GCA is held in one of two categories: "Voting Member" or "Associate Member". Applicable category will be recommended by the GCA Membership Committee and determined by the GCA Advisory Board.

The undersigned agrees to pay GCA and DACM annual dues of \$2,250, which includes \$400 to the GCA Trust Fund.

The undersigned agrees to abide by the Bylaws of GCA and DACM and understands the confidentiality of the information received from GCA and DACM and acknowledges that services may be revoked for misuse of any information received from GCA and DACM or from any GCA or DACM Meetings. Information submitted to GCA and DACM must be accurate and complete to the best of the Applicant's knowledge.

The undersigned is engaged in: **(Please check all that apply):**

- | | | | | | |
|---|---|--|--|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Gas Compressor Packages for Purchase | <input type="checkbox"/> Reciprocating | <input type="checkbox"/> Rotary Screw | <input type="checkbox"/> Rotary Vane | <input type="checkbox"/> Centrifugal | <input type="checkbox"/> Other |
| <input type="checkbox"/> Gas Compressor Packages for Rental/Lease | <input type="checkbox"/> Reciprocating | <input type="checkbox"/> Rotary Screw | <input type="checkbox"/> Rotary Vane | <input type="checkbox"/> Centrifugal | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manufacture of OEM Gas Compressors | <input type="checkbox"/> Reciprocating | <input type="checkbox"/> Rotary Screw | <input type="checkbox"/> Rotary Vane | <input type="checkbox"/> Centrifugal | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manufacture of OEM Drivers | <input type="checkbox"/> Gas Engine | <input type="checkbox"/> Electric Motor | | | |
| <input type="checkbox"/> Manufacture of OEM Package Coolers | | | | | |
| <input type="checkbox"/> Manufacture of OEM Package Controls | <input type="checkbox"/> Control Panels | <input type="checkbox"/> Control Systems | <input type="checkbox"/> Emission Controls Systems | | |
| <input type="checkbox"/> Authorized Distributor for GCA Member OEM | <input type="checkbox"/> Driver OEM | <input type="checkbox"/> Compressor OEM | OEM Name _____ | | |
| <input type="checkbox"/> Selling, Servicing, and/or Repairing of Used Gas Compressor Packages | | | | | |
| <input type="checkbox"/> Manufacture of Components or Products used on a Gas Compressor Skid | | | | | |

☐ Applicant confirms that they have been actively engaged in GCA related business for at least the previous 6 months and has engaged in minimum of (25) transactions of one or more of the above listed GCA-defined equipment or services during this same period with a minimum of 50% of these transactions with non-affiliated, external companies.

Our operations are conducted in ☐ North America ☐ International (check international areas of operation below)
☐ Mexico ☐ Europe ☐ Baltic Rim ☐ Asia/Pacific Rim ☐ South America

Web Address: _____

In accordance with GCA Bylaws we appoint the following individuals as our "Designated Voting Representative" and our "Designated Alternates":

Main Rep: _____ Title: _____

Email: _____ Tel: _____

Alternate: _____ Title: _____

Email: _____ Tel: _____

Alternate: _____ Title: _____

Email: _____ Tel: _____

COMPANY NAME: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE (____) _____ FAX (____) _____

BY: _____ TITLE: _____

SIGNATURE: _____ DATE: _____