

## Industry Collaboration Team (ICT) Enrollment Form

**Company Name:** \_\_\_\_\_

**Existing ICT Member:**

YES

NO

Standard Membership	\$6,000
Preferred Membership	\$25,000

Payment Information: (please complete ALL requested information)

**For security purposes, please do not submit credit card information via e-mail. Fax or call us with payment information**

\_\_\_\_\_  
**Full Name on Card**

\_\_\_\_\_  
**Card Number**

\_\_\_\_\_  
**Exp. Date** **CVV Code**

Please make checks payable to:  
 GOG Foundation, Inc.  
 3168 Braverton St., Suite 280  
 Edgewater MD 21037

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**Membership Contact Information**

**If there are no changes from prior year, please indicate so on this form.**

\_\_\_\_\_  
**Primary Member's Name**

\_\_\_\_\_  
 Degree Title

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip Code

\_\_\_\_\_  
 Phone Fax

\_\_\_\_\_  
 Email

**Do you have a Secretary/Admin. Assistant that you want included on our internal email list? If so, list name & email:**

\_\_\_\_\_  
 Asst. Email

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**Second Member's Name**

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Degree \_\_\_\_\_ Title \_\_\_\_\_

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Address:

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Phone \_\_\_\_\_ Fax \_\_\_\_\_

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Email:

**Do you have a Secretary/Admin. Assistant that you want included on our internal email list? If so, list name & email:**

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Asst. Email \_\_\_\_\_

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**Third Member's Name**

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Degree \_\_\_\_\_ Title \_\_\_\_\_

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Address

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Phone \_\_\_\_\_ Fax \_\_\_\_\_

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Email

**Do you have a Secretary/Admin. Assistant that you want included on our internal email list? If so, list name & email:**

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Asst. Email \_\_\_\_\_

**Please forward all correspondence**

**to:** Codi Rose  
Development Admin.  
GOG Foundation, Inc.  
3168 Braverton St., Suite 280  
Edgewater, MD 21037  
Phone: 410.721.7126  
Fax: 410.721.1261  
[ICT@gog.org](mailto:ICT@gog.org)

Please email a short corporate profile and your company's logo (in **Hi Res. format**) to [ICT@gog.org](mailto:ICT@gog.org)  
The ICT Member directory can be revised at any time during the membership year by writing to us.