**Instructions for using this form: Save as *Word* document; place cursor in gray areas & type information. Return completed form**.

**APPLICATION FOR ASSOCIATE MEMBERSHIP - 2025**

**We have read the qualifications for membership (see bylaws article II, section 2) and believe our company to be eligible. We agree to abide by the association bylaws.**

Company Name

Address

City       State       Zip+4

Phone       Fax

Company Email       Website

Please provide detailed information on your company's products and services (i.e. Distributor, Supplier, Component Manufacturer, etc.):

How long has your company been supplying to the portable generator market?

     

Submitted By

     

Name and Title (Please Print)

     

Date Signed

Information For Membership Directory Listing:

Company Representative, Title, Email

Additional Representative, Title, Email

Technical Representative, Title, Email

**DUES:** ANNUAL DUES ARE $5,000 WITH $2,500 DUE UPON APPROVAL AS AN ASSOCIATE MEMBER.

Please return completed form. Dues payable upon acceptance into PGMA. Please make check payable to PGMA and return to the address below.