

Tgc/H/g'Organizational Representative Certification

To apply for membership as an official organizational representative, please have an official contact person for the organization complete the following (please type or print clearly), and attach it to your application for membership:

Organization: _____

Official Contact Person: _____

Position / role: _____

Organizational Information: _____

Address: _____

Street, Suite/ Apt	City	
Province / State	Postal / ZIP Code	Country

Telephone: day: _____ evening: _____

Fax: email: _____

Representative's Name: _____

Telephone: day: _____ evening: _____

Fax: email: _____

I certify that the information on the attached Membership Application is accurate and that the individual named on this Certification is authorized to act as the official representative to **Tgc/H/g** on behalf of our organization.

Signed: _____

Date: _____

Signature of Official Contact Person