



Gas Processing Association Canada
400, 1040 - 7 Avenue SW, Calgary, AB Canada T2P 3G9
Phone: 403-244-4487 Fax: 403-244-2340
Email: info@gpacanada.com Website: www.gpacanada.com

GPAC Corporate Sponsorship 2012

Main Corporate Sponsor Contact

(please print)

Last Name: _____

First Name: _____

Position: _____

Company Name: _____

Company Address: _____

City, Province, Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Complimentary Memberships:

#1 Contact

#2 Contact

Last Name:	_____	Last Name:	_____
First Name:	_____	First Name:	_____
Company Address:	_____	Company Address:	_____
City, Province, PC:	_____	City, Province, PC:	_____
Telephone:	_____	Telephone:	_____
Fax:	_____	Fax:	_____
Email:	_____	Email:	_____
Position:	_____	Position:	_____



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Please note below if for person #1 or #2

Activities: (check as many as apply)

- Process Engineering _____
- Other Engineering _____
- Plant Operations _____
- Field Operations _____
- Engineering Services _____
- Plant/Field Services _____
- Materials/Equipment _____
- Supplier _____
- Business Development _____
- Environmental _____
- Accounting _____
- Legal _____
- Management _____
- Other _____

Post Secondary Education: (check as many as apply)

- B.Sc. MBA
- M.Sc. Ph.D
- B.A. B. Comm/B. Admin
- M.A. Diploma
- Other None

Employer: (check as many as apply)

- Field Services Supplier Other _____
- Materials/Equipment Supplier
- Utility Producer
- Pipeline Midstream
- Engineering Services Supplier

Office Location: (where you work)

- Field/Plant Calgary Core
- Calgary South Calgary Northeast
- Calgary Southeast Edmonton
- Calgary Northwest Other _____

I am interested in the following committees:

- Membership/Recruitment Education Publicity/Website Academic/Student Development
Conference Programs Entertainment

Please be sure to submit your company logo in a high resolution JPEG file for posting on the website and using on signage (if we do not already have one from 2011).

- I enclose a cheque made payable to **GPAC** (NSF cheques are subject to a \$30 service fee + bank charges)
- Please charge to my credit card VISA MasterCard American Express

Card Number _____ Expiry Date _____

Name on Card _____ Signature _____

(Your credit card statement will display a transaction through Associations Plus Inc.)

**Return completed form with your payment to the address shown above, fax to (403) 244-2340
[or click here to signup online.](#)**

Privacy Policy:

GPAC is committed to protecting the personal information of its members. GPAC does not sell its membership list. Members are advised that GPAC collects the information noted on this form for its use as outlined below:

- To distribute information to its members concerning matters of the Society
- To promote programs, services and member benefits
- To solicit member views
- To process authorized payments