



RGCA
RETAIL GIFT CARD ASSOCIATION

ASSOCIATE MEMBERSHIP APPLICATION

RGCA MEMBERSHIP IS OPEN TO RETAILERS, RESTAURANTS, AND TRAVEL-AND-ENTERTAINMENT MERCHANTS WHOSE CORE PART OF THEIR BUSINESS IS TO SELL PRODUCTS OR EXPERIENCES BUT WHO ALSO ISSUE AND OFFER CLOSED LOOP GIFT CARDS.

COMPANY INFORMATION

Company Name:		Parent Company:
Address:		
City:	State:	ZIP Code:
Website:		# of locations:
Company Description: <i>Please provide a description of your company in 75 words or less.</i>		
DO YOUR CLOSED LOOP CARDS CURRENTLY UTILIZE EXPIRATION DATES? YES <input type="checkbox"/> NO <input type="checkbox"/>		
DO YOUR CLOSED LOOP CARDS CURRENTLY UTILIZE DORMANCY FEES ? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MAIN COMPANY CONTACT

Name:		Title:
Contact Address:		
City:	State:	ZIP Code:
Direct Office #:	Mobile #:	Email:

SECONDARY COMPANY CONTACT

Name:		Title:
Contact Address:		
City:	State:	ZIP Code:
Direct Office #:	Mobile #:	Email:

PUBLIC RELATIONS CONTACT

Internal Company Contact:		Title:
Direct Office #:	Mobile #:	Email:
Agency Name:		Agency Contact:
Direct Office #:	Mobile #:	Email:
City:	State:	ZIP Code:

Associate Membership Dues: \$2,500 annually. Membership will auto-renew for successive one year terms on the anniversary date of your initial term unless you provide us notice otherwise. Credit card payments will be processed through a secure payment site. Payment confirmation will be provided via email within 7 days of payment.

Payment Method	<input type="checkbox"/> Check Enclosed <input type="checkbox"/> Invoice <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover		
Name on Card			
Card Number		Contact & Phone # for verification	
Signature		Expiration Date	

Mail, Email or Fax Completed Form to:

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