



**RGCA**  
RETAIL GIFT CARD ASSOCIATION

# LEADERSHIP 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>                                |        |                 |
|  |        |                 |
|  |        |                 |
| <b>DO YOUR CLOSED LOOP CARDS CURRENTLY UTILZE EXPIRATION DATES?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> |        |                 |
| <b>DO YOUR CLOSED LOOP CARDS CURRENTLY UTILZE DORMANCY FEES ?</b> 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:       |

**Leadership Membership Dues: \$10,000 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.**

|                       |  |                                       |  |
|-----------------------|--|---------------------------------------|--|
| <b>Payment Method</b> | <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 #<br>for verification |  |
| Signature             |  | Expiration Date                       |  |

**Mail, Email or Fax Completed Form to:**

The RGCA – 3126 S. Boulevard, Suite 231, Edmond, OK 73013 Phone: 405-475-2902 Fax: 405-475-2903 [rebekkar@thergca.org](mailto:rebekkar@thergca.org) [www.TheRGCA.org](http://www.TheRGCA.org)