



# NEW MEMBER ORIENTATION TRANSFER FORM

## Member Information

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

GCAAR Member #: \_\_\_\_\_

## Orientation Dates

Date Originally Scheduled Orientation: \_\_\_\_\_

Requested Rescheduled Orientation Date: \_\_\_\_\_

Note: All new members must take the orientation within 180 days of joining GCAAR. Failure to attend will lead to a suspension of your membership.

## Payment

\$25 (No show or less than 24 hours)

Check: Payable to GCAAR

Charge  VISA  MASTERCARD  DISCOVER  AMEX

Name on Card \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Please check if you would like a receipt of this transaction emailed to the above email address.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please contact the Education Department at [education@gcaar.com](mailto:education@gcaar.com) with questions or for assistance.