



2018 MEMBERSHIP UPDATE FORM

Please list any phone, email, facsimile or employee changes for 2018.
Please let us know by Friday, July 6, 2018

Email or fax this form back to the GUCA office: michael@guca.com or (404) 362-9211
It is only necessary to complete this form if you have any company changes or additions.

GUCA is currently updating the member and industry directory database. If you have recently moved or have experienced any changes in your company within the past year, please let us know.

Company Name: _____

GA Utility License #: _____ **Other State License #:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip + 4:** _____ - _____

Phone: _____ **Fax:** _____ **Toll Free:** _____

Website: _____

Physical Address: _____

City: _____ **State:** _____ **Zip + 4:** _____ - _____

Primary Contact: _____ **E-mail:** _____

Please list the NAMES, TITLES AND EMAIL ADDRESSES of the officers of your company. Emails are used so your employees receive industry/legislative, safety/education, association and networking updates via the GUCA E-Pipeline. These names will not be printed in the directory. Emails are never shared outside the GUCA office. They are for communication purposes only.

NAME: _____ TITLE: _____ E-MAIL: _____

NAME: _____ TITLE: _____ E-MAIL: _____

NAME: _____ TITLE: _____ E-MAIL: _____

NAME: _____ TITLE: _____ E-MAIL: _____

MBE/WBE/DBE: Yes No

Drug Free Workplace: Yes No

CONTRACTOR MEMBERS: *Please check all that apply:* Utility Contractor or Contractor Specializing In:

- | | | | |
|--|-------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Communications | <input type="checkbox"/> Landfills | <input type="checkbox"/> Water | <input type="checkbox"/> Public |
| <input type="checkbox"/> Dams | <input type="checkbox"/> Plant Work | <input type="checkbox"/> Site Development | <input type="checkbox"/> Private |
| <input type="checkbox"/> Electrical Distribution | <input type="checkbox"/> Sewer | <input type="checkbox"/> Gas | |

Subcontractor or Specialty Contractor (Type of Work): _____

ASSOCIATE MEMBERS: *Please check and indicate type of service/products(s):*

- | | |
|---|---|
| <input type="checkbox"/> Sales | <input type="checkbox"/> Educational Services |
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Safety/Training Services |
| <input type="checkbox"/> Rental | <input type="checkbox"/> IT/Technology Services |
| <input type="checkbox"/> Insurance Services | <input type="checkbox"/> Engineering Services |
| <input type="checkbox"/> Legal Services | <input type="checkbox"/> Marketing Services |
| <input type="checkbox"/> Accounting Services | <input type="checkbox"/> Utility Owner |
| <input type="checkbox"/> Financial/Banking Services | <input type="checkbox"/> Developmental Services |
| <input type="checkbox"/> Municipality/County Services | <input type="checkbox"/> Other _____ |

Name: _____ **Signature:** _____

GUCA communicates information to members by fax, e-mail, USPS and telephone. Your signature gives us permission to contact you using these methods of communication unless you tell us not to do so. All email addressed are kept confidential with GUCA.

Do not fax information

Do not email information