



Affiliate Application

Institution _____

Contact* _____

Address _____

City _____, MN zip _____

Phone # _____

Email _____

Billing** _____

Address _____

City _____, MN zip _____

Annual Fee \$500 (Make the check payable to GPS 45::93 and mail to Chisago HRA-EDA, 38871 7th Ave, North Branch, MN 55056)

*GPS Executive Committee meetings are generally held the 4th Friday of each month. The meetings are held throughout the 5-County Region. Please list the person who will represent the institution at these meetings.

**GPS invoices members at the end of year. Please indicate if the invoices should be mail to another person.