



MID-EASTERN REGION SPONSORED
GCC APPLICATION

NAME _____

CHAPTER _____

ADDRESS _____

EGA# _____

PHONE _____

CELL

EMAIL
(print clearly)

NAME OF GCC

PLEASE COMPLETE THIS FORM AND MAIL IT ALONG WITH A CHECK FOR THE COST OF THE INSTRUCTION BOOKLET TO THE COORDINATOR FOR THE SPECIFIC GCC. MAKE CHECK PAYABLE TO *MEREGA*.