

GASI Member Application Guide

The following is a guide for application for membership in the Governmental Affairs Society of Indiana (GASI):

- 1) Only a current member of GASI may propose an individual for membership.
- 2) The current member must fill out and sign the affirmation on page (1) and have two additional current members second and sign the application. Read the affirmation carefully.
- 3) The applicant must fill out the membership application in full.
- 4) The applicant must be a registered lobbyist for at least one year prior to applying for membership.
- 5) The applicant must receive and read the Society's Code of Ethics.
- 6) The applicant must sign the affirmation on page 5, acknowledging and supporting the Code of Ethics.
- 7) The completed application and affirmation should be forwarded to the GASI administrator's office at GASI, P.O. Box 44206, Indianapolis., IN 46244 or the GASI Membership Committee Chairperson.
- 8) The Membership Committee will act on the application at its next meeting after receipt of the application.
- 9) An application must receive a 3/5ths majority vote of the committee for approval. Committee votes and discussions are confidential and final.
- 10) Applications failing to receive a 3/5th majority vote, may be proposed again after one year.
- 11) The Board of Governors must approve any application recommended by the membership committee.

Members will be notified of approval or disapproval of the application. Applicants will then be notified by both the proposing member and the GASI President. Member dues are \$150 to be paid annually and will be billed upon member approval by the Board.

(1)

AFFIRMATION

I affirm:

The applicant to be of strong ethical character, who will abide by the Code of Ethics and the Purpose of the Governmental Affairs Society of Indiana,

I respectfully submit _____ for membership in the Governmental Affairs Society of Indiana (GASI).

Date _____

Signature _____

Print Name _____

Title _____

Affiliation _____

Telephone Number _____

Seconders

I have known the named applicant and believe him or her to be a person that embodies the ethical principles and purpose of GASI, and recommend membership.

First Seconder

Second Seconder

Signature _____

Signature _____

Name _____

Name _____

Title _____

Title _____

Organization _____

Organization _____

Address _____

Address _____

Date _____

Date _____

Additional information or Comments (Optional)

First Seconder

Second Seconder

(2)

SOCIETY'S PURPOSE

- 1) To encourage and assist in maintaining a high degree of professional and ethical conduct in all transactions with governmental entities.
- 2) To assist members to be more effective in representing their organization or clients.
- 3) To strengthen the role of the governmental affairs representative as an advisor on governmental, political, social, and economic affairs within their organization or client base.
- 4) To provide a resource facility for representatives of both government and those who wish to communicate with their government.

**MEMBERSHIP APPLICATION
GOVERNMENTAL AFFAIRS SOCIETY OF INDIANA**

(Please type or print legibly)

Applicant's Name _____

Applicant's Title _____

Company/Organization _____

Business Address _____

City and Zip Code _____

Telephone Number _____ Fax Number _____

E-mail _____

Additional Information for the Directory

Home Address _____

City and Zip Code _____

Telephone Number _____ Spouse _____

Sponsor's Name _____

Are you currently a registered lobbyist with the Indiana Lobby Registration Commission and have you been registered for at least one year prior to submitting this application?

Have you, or the organization(s) you represent, ever been reprimanded or fined by the Indiana Lobby Registration Commission? If so, please explain.

Educational Background:

Employment History:

Associations, professional and other:

Please submit to the GASI Administrative Office, P.O. Box 44206, Indpls., IN 46244

MEMBERSHIP COMMITTEE USE ONLY

Date _____

Vote: Yes _____ No _____

Chairman

GOVERNMENTAL AFFAIRS SOCIETY OF INDIANA

CODE OF ETHICS

I request the Board of Governors' consideration of this application for active membership in the Governmental Affairs Society of Indiana and fully support the purpose of the Society.

I have read the Society's Code of Ethics and agree to abide by and uphold that Code. I acknowledge that failure to comply with those ethical principles, as judged by the Society's Ethics Committee. will be grounds for the non-renewal of membership to the Society.

Signed _____ Date _____
Applicant