

Membership Form

Member Benefits

Member benefits and inclusions can be found on our website [here](#).

Contact Information

Firm Name:

Phone Number:

Key Contact Person:

Email Address:

Portal Administrator:

Email Address:

Your Portal Administrator may also be your Key Contact. They will manage your firm settings, user accounts, client database and BD targets.

Physical Address:

Of the office the Key Contact Person works from.

Do you have more than one office location?

Yes ☐

No ☐

No. of office Locations:

Pricing Tier


☐

☐

☐

☐

Start-up pricing available on a case by case basis. Ts & Cs apply.
Special pricing applies to multiple offices, networks and franchises.

Payment Options

☐ Monthly Payments

☐ Annual payment with 15% discount

Billing & Payment

Please confirm your credit card details:

Name on card:

Expiry Date:

Credit card number:

Mastercard & Visa accepted. Monthly billing commences on completion of this membership form.

Terms & Conditions

Please tick to confirm you agree to the terms and conditions within our licence agreement.

To read our licence agreement, visit our website: www.thegapportal.com


☐

Signature

Position

Date