

GOPAC Application Form

Prefix: Hon. Sen. Mrs. Mr. Dr. Other:						
Last Name:						
First Name:			Middle Name:			
Present Occupation:			Organization:			
Email 1:			Email 2:			
Phone 1:			Phone 2:			
Skype Username:						
Mailing Address:						
Street:						
			City:			
State:		Zip / Postal Code:		Country:		
Preferred language of correspondence:			English	French	Spanish	Arabic
Other Languages:						
Gender: Male		Female				
Current Legislator		Former Legislator		Neither – Requesting Observer Status		
Political Party Affiliation:						
Areas of Expertise:						
Areas of Interest:						
Yes, I would like to be included in the GOPAC mailing list.						
Your signature below indicates your desire to become a member of GOPAC, your consent that your name will be listed on GOPAC’s website as a member as well as your acceptance of GOPAC’s code of conduct.						
<u>Code of Conduct:</u>						
<ol style="list-style-type: none"> 1. All members shall behave and conduct their affairs in a manner consistent with the values that GOPAC promotes and defends, as well as strive to uphold the integrity of those values. 2. A member must avoid actual and perceived conflicts of interest. 3. A member must report to the organization all actual and perceived conflicts of interest as soon as the member becomes aware of any circumstances that give rise to an actual or perceived conflict of interest. 4. The evaluation of a breach of the values of the organization will be made by the Board of Directors who shall have full authority to decide on the appropriate sanction that may be imposed in any given case. 						
Signature			Date			
<u>You may submit the form by email to:</u> info@gopacnetwork.org						
Disclaimer: The information provided on this form will be used by GOPAC only. GOPAC will not share your contact information with a third party without your consent.						