



**Application for
Submission to the
GaMA Board of Directors**

We have completed the information requested below and hereby apply for membership in the Georgia Movers Association. We have enclosed our check for \$ _____ to cover the membership fee according to the figures below.

Type of Membership: _____ Mover _____ Associate

Company _____

Name of Official Representative _____ Title _____

Address _____

City _____ State _____ Zip _____ County _____

Telephone _____ Fax _____ E-Mail _____

(*By providing a fax number, your company agrees to receive faxed advertisements from the Association.)

Associate Members: Product/Service _____

Applications shall be sponsored by a GaMA Mover or Associate Member. If you are unable to secure a sponsoring member, please list the names of two GaMA Members who can give you a recommendation.
Membership application is accepted pending Board of Directors' approval.

Name and Phone Number of Sponsoring Member and Company: _____

Names, Companies, and Phone Numbers of two Members who can give you a recommendation. _____

I agree on behalf of my company to abide by the bylaws of the Georgia Movers Association.

Signature _____ Date _____

**ANNUAL MEMBERSHIP FEES
(flat rate)**

MOVERS	\$300.00
ASSOCIATE	\$200.00

ASSOCIATE MEMBERS -Vendor understands that by becoming an industry associate member of GEORGIA MOVERS ASSOCIATION, INC., such membership has no voting rights and is ineligible to hold an elective office in the Association. Vendor further understands that upon payment of annual membership dues of \$200.00 per calendar year Vendor may enjoy all the rights (other than those withheld herein) and privileges of a regular member and as a supplier of the moving industry will be permitted to display goods or services at such times and places approved by the Board of Directors.