



**GEORGIA MOVERS
ASSOCIATION**

**Georgia Movers Association
Membership Application**

As a member of GaMA, each applicant agrees and promises to pay the annual membership fee in a timely manner, abide by the rules and regulations and other policies and procedures as prescribed by the Board of Directors, and conduct business in an ethical manner consistent with the laws of the state of Georgia in the United States of America, or any subdivision thereof. Failure to meet these obligations may result in suspension or termination of membership and the forfeiture of all membership services. All applications must be accompanied by a full payment of \$300.00 for one year's dues.

Company Name: _____

Business/Street Address: _____ Zip Code: _____

Mailing/Billing Address: _____ Zip Code: _____

Business Phone: _____

Toll Free No. (if applicable): _____

Facsimile No.: _____

Cell Phone No.: _____

Contact Person: _____ Title: _____

Email Address: _____

Additional Locations you want info mailed/faxed/emailed (please provide info for each location): _____

Company Website Address: _____

GA Authority No.: _____

U.S. DOT No.: _____

Interstate Authority (MC/FF) No.: _____

Dispatch: _____

Sales: _____

Van Line Affiliated with or Agents For: _____

Affiliated with or member of the NAMSA (National American Moving and Storage Association): _____

Warehouse : Yes No Scales : Yes No Forklift Available: Yes No

Office Hours (M-F): _____ Office Hours (Sat.): _____

After Hours Contact Person/Phone No.: _____

In the future, how would you like to receive information, Newsletters, convention information, etc. from GaMA?

Regular mail Facsimile Email

No services will be provided until our office receives a completed application form and one year's membership dues of \$300.00. If you have any questions, please call (478) 718-2868.

SIGNATURE: _____ DATE: _____

Mail to: Georgia Movers Association
110 A Tommy Stalnaker Drive
Warner Robins, Georgia 31088
Telephone: (478) 718-2868 / Facsimile: (478) 953-0015



**GEORGIA MOVERS
ASSOCIATION**

**Georgia Movers Association
Associate Membership Application**

Any individual, partnership, corporation, or other form of enterprise, engaged in providing a service or product to the moving and storage industry, or other form of enterprise not specified herein who is directly interested in the affairs and activities of the Association and its members, is eligible to apply for associate membership in the Association. Membership must be approved by the GaMA Board of Directors.

As a member of GaMA, each applicant agrees and promises to pay the annual membership fee in a timely manner, abide by the rules and regulations and other policies and procedures as prescribed by the Board of Directors, and conduct business in an ethical manner consistent with the laws of the state of Georgia in the United States of America, or any subdivision thereof. Failure to meet these obligations may result in suspension or termination of membership and the forfeiture of all membership services. All applications must be accompanied by a full payment of \$200.00 for one year's dues.

Company Name:	_____		
Business/Street Address:	_____	Zip Code:	_____
Mailing/Billing Address:	_____	Zip Code:	_____
Business Phone:	_____		
Toll Free No. (if applicable):	_____		
Facsimile No.:	_____		
Cell Phone No.:	_____		
Contact Person:	_____	Title:	_____
Email Address:	_____		
Additional Locations you want info mailed/faxed/emailed (please provide info for each location):	_____ _____		
Company Website Address:	_____		
Office Hours (M-F):	_____	Office Hours (Sat.):	_____
After Hours Contact Person/Phone No.:	_____		
In the future, how would you like to receive information, Newsletters, convention information, etc. from GaMA?			
<input type="checkbox"/> Regular mail <input type="checkbox"/> Facsimile <input type="checkbox"/> Email			
No services will be provided until our office receives a completed application form and one year's membership dues of \$200.00. If you have any questions, please call (478) 718-2868.			
SIGNATURE:	_____	DATE:	_____

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