

GEORGIA MOVERS ASSOCIATION

Phone: 478-718-2868

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 full payment of either of the following:

Elite vendor: \$2500/per year Small Business vendor: \$1000/per year* *First year discounted rate available (\$200 off)

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Company N				
-			Zip Code:	
Mailing/Bil	ling Address:		Zip Code:	
Business P	hone:			
Toll Free N	0. <i>(if applicable)</i> :			<u> </u>
Facsimile N	lo.:			
Cell Phone				
Contact Pe	rson:		Title:	
Type of Me	mbership			
Email Addr	ess:			
	ed/emailed (please provide			
Company V	Vebsite Address:			
Office Hours (M-F): Office Hours (Sat.):				
After Hours	Contact Person/Phone No.:			
In the futu	re, how would you like to receive informat	on, Newslette	rs, convention information, etc. from GaMA?	
	🗌 Regular mail 👘 🗌 Ema	ail		
	ices will be provided until our office receivend one year's membership. If you have any		I/executed Code of Ethics form and application ease call (478) 718-2868.	
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form, ar	nd one year's membership. If you have any E: ATTEN: Kristy Jones Georgia Movers Association 778-C Riverside Drive	email, PHONE or	ATTEN: Kristy Jones Direct Phone: 478-746-1991 Direct Fax: 478-238-6491	
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