



Membership Application

Georgia Jewelers Association



Name: _____ Title: _____

Store Name: _____

Address: _____

City/State/Zip: _____

Email: _____ Website: _____

Telephone: _____ Fax: _____

Year Established: _____ No. of Outlets: _____ *(Attach a list of outlets with complete addresses & contact person)*

Total Number of Employees: _____ Tax ID Number: _____

List three industry references with names and addresses:

Annual Member Dues

\$90 First Store, \$45 for Each Additional Store

Check Enclosed

(Made payable to Georgia Jewelers Association)

Visa

Mastercard

Card #: _____

Exp Date: _____ Sec. #: _____

Name on card: _____

Mailing address for card: _____

Signature _____

Please Submit the Following:

Photos of the Inside and Outside of Your Store

Business Stationary Sample or Business Card

Dues Payment

Mail your completed Application and supportive documentation to:

Georgia Jeweler's Association

5815 Fairwood Walk

Acworth, GA 30101

judyince@comcast.net

770-424-7567

<http://www.georgiajewelers.org>