

Georgia Jewelers Association

Retail Membership Application



Name: _____ Title: _____

Store Name: _____

Address: _____

City/State/Zip: _____

Email: _____ Website: _____

Store phone: _____ 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 American Express

Card #: _____

Exp Date: _____ SVC #: _____

Name on card: _____

Mailing address for card: _____

Signature _____

Please Submit the Following:

- Photos of the Inside and Outside of Your Store
- Business Stationary Sample/Business Card
- Dues Payment

Mail your completed Application and supportive documentation to:

Georgia Jeweler's Association

5815 Fairwood Walk NW

Acworth, GA 30101

judylince@comcast.net

770-367-2809

www.georgiajewelers.org