



Georgia Jewelers Association

## Associate Membership Application

Name of individual making application \_\_\_\_\_

Name of Firm/Company \_\_\_\_\_

Title/position \_\_\_\_\_ Today's Date \_\_\_\_\_

Applicants Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's Phone Number O \_\_\_\_\_ C \_\_\_\_\_

Applicant's e mail address \_\_\_\_\_

### Dues for Associate Membership \$50 per year

Check # \_\_\_\_\_ date: \_\_\_\_\_ Am Ex MC Visa

Credit card # \_\_\_\_\_ Exp. date \_\_\_\_ / \_\_\_\_ CVV \_\_\_\_\_

Name on card \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

*If you would like to advertise in our quarterly newsletter or our annual yearbook/directory or receive information about our rates, sizes and sponsorship opportunities please check here.*

**Please mail, e-mail, or fax to:**

GJA, 5815 Fairwood Walk NW, Acworth, GA 30101

Judy Lince, Executive Director 770-367-2809, Fax 770-425-2738

[judyline@comcast.net](mailto:judyline@comcast.net)