

**PLEASE COMPLETE**

**GEORGIA TRADITIONAL MANUFACTURERS ASSOCIATION  
50 HURT PLAZA, SUITE 985  
ATLANTA, GEORGIA 30303  
404-688-0555 – FAX 404-584-0720**

\* Dues: \$650 for an Associate corporate membership of up to three representatives.

**ASSOCIATE MEMBERSHIP INFORMATION**

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

We wish to designate the following company representative(s) for Associate Membership in GTMA:

1. NAME \_\_\_\_\_

ADDRESS (If different from above) \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

**\*E-MAIL ADDRESS** \_\_\_\_\_

2. NAME \_\_\_\_\_

ADDRESS (If different from above) \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

**\*E-MAIL ADDRESS** \_\_\_\_\_

3. NAME \_\_\_\_\_

ADDRESS (If different from above) \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

**\*E-MAIL ADDRESS** \_\_\_\_\_

(Note: E-Mail addresses are necessary in order to receive most correspondence from GTMA.)