



## 2019 AFFILIATE MEMBERSHIP APPLICATION

DATE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_

COMPANY PHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Website: \_\_\_\_\_

Initial membership is for one person - 2019 Amount is \$278.00 (state/local)

NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Each additional person is \$180.00 per year. Please include additional members below or attach additional pages.**

NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**P. O. BOX 1123 MONROE, GEORGIA 30655**