

GEORGIA HIGHWAY CONTRACTORS ASSOCIATION

2160 Satellite Blvd. NW, Suite 100

Duluth, Georgia 30097

Phone: (770) 622-7155 FAX: (770) 622-7157

APPLICATION FOR ASSOCIATION MEMBERSHIP

Please enroll the following firm as an Associate Member of the Georgia Highway Contractors Association, Inc.:

FIRM NAME: _____

ADDRESS: _____

ZIP: _____ PHONE: _____ FAX: _____

E-MAIL: _____

TYPE OF BUSINESS: _____

We hereby agree to abide by the By-Laws as adopted and amended by the Association. Attached hereto is ONE THOUSAND DOLLARS (\$1,000.00) as payment for Annual Association Membership Dues for fiscal year ending December 31, 200__.

FIRM NAME _____

SIGNED BY _____

TITLE _____

DATE _____

APPROVED BY ASSOCIATION:

PRESIDENT _____

SECRETARY _____

TREASURER _____