

NEW MEMBER APPLICATION

**BALL GROUND BUSINESS ASSOCIATION
PO BOX 615
BALL GROUND, GA 30107**

APPLICATION DATE: _____

1. ARE YOU A BUSINESS **OR ASSOCIATE (INDIVIDUAL)**

BUSINESS OR ASSOCIATE NAME

CONTACT NAME

STREET ADDRESS

CITY STATE ZIP

PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

WEB SITE ADDRESS: _____

2. IF BUSINESS: CATEGORY

3. IF BUSINESS :SERVICE OR PRODUCTS YOU SELL:

OFFICE USE

CHARTER MEMBER

MEMBER START DATE: ____/____/____

REGULAR MEMBER

DUES PAID ON: _____ CHECK # _____

PLEASE FAX COMPLETED APPLICATION TO 888-704-9355