

Membership Application January 1 - December 31

PLEASE PRINT

Associate

[\$25]

NAME:					CURRENT MEMBER		
ORGANIZ							
				ZIP CODE:			
PHONE: FAX:			CELL:				
EMAIL:				MEMBERSHIP CATEGORY:		Standard: \$490	
						Associate: \$25	
	nual dues ard IONAL MEN		ry 1 - June 30 the dues ar Please mail your check a EMAl	ccordingly.	join July 1 - MEMBE		
					FULL	SEE ABOVE	
					ASSOC.	\$25	
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					ASSOC.	\$25	
					FULL	SEE ABOVE	
					ASSOC.	\$25	
dease make check payable to: eorgia Parking Coalition Amount enclosed:				Send application with payment to: Georgia Parking Coalition Accounts Receivable PO Box 20175 Atlanta, GA 30325 Phone: 404-393-1234 Fax:404-872-8863 mail@TheGPC.org			
tegory	Cost	Explanation			-	cludes	

accountants, commerical brokers, and any other firms.

Each additional represenative of Standard member.

No Vote