

# GRANITE FALLS MERCHANT ASSOCIATION

## MEMBERSHIP APPLICATION

Business Name: \_\_\_\_\_

Owners Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Website: \_\_\_\_\_ Email Address: \_\_\_\_\_

Each business is allowed one (1) vote, regardless of attending partners, employees, or shareholders.

Please designate person responsible for voting: 1<sup>st</sup> \_\_\_\_\_  
2<sup>nd</sup> \_\_\_\_\_

Are you interested in serving on a committee ? (Please Circle)

Membership Committee      Marketing Committee      Event Committee

Annual Dues: \$25.00 payable by September 1<sup>st</sup> of each year. Dues not paid by the beginning of the annual meeting will result in and suspension of voting rights.

The GFMA meetings are held on the second Tuesday of the month. The GFMA annual meeting is held on the second Tuesday in September.

Please mail form and payment to Granite Falls Merchants Association, P.O. Box 10, Granite Falls, NC 28630, or bring to a meeting.

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Signature

Date