

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: 1st _____
2nd _____

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

Membership Committee Marketing Committee Event Committee

Annual Dues: \$25.00 payable by September 1st 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.

Signature

Date