

# Membership Application



## East Point Business Association

P. O. Box 640174  
East Point, GA 30364  
404-755-4577

### MEMBERSHIP APPLICATION

Date \_\_\_\_\_

Name of Firm \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

What is the nature of your business? \_\_\_\_\_

Category of Business? (SIC Number) (for membership directory) \_\_\_\_\_

Is your company headquartered in East Point?  Yes  No

If not, where? \_\_\_\_\_

Designated Contact Person(s): \_\_\_\_\_

Check enclosed for \$ \_\_\_\_\_

Referred by \_\_\_\_\_

Committee(s) on which you would like to participate:  Program and Awards Banquet  Membership / Directory  
 Education  Finance  By-Laws  Economic Development  Nominations  Audit

