



Georgia Movers Association Membership Application

As a member of GaMA, each applicant agrees and promises to pay the annual membership fees in a timely manner, abide by the rules and regulations and other policies and procedures as prescribed by the Board of Directors, and conduct business in an ethical manner consistent with the laws of the state Georgia in the United States of America, or any subdivision thereof. Failure to meet these obligations may result in suspension or termination of membership and the forfeiture of all membership services. All applications must be accompanied by a full payment of \$300.00 for one year's dues.

COMPANY NAME: _____

ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: (toll free if available) _____

CELL PHONE NUMBER: _____

FAX NUMBER: _____

GA AUTHORITY NUMBER: _____

US DOT NUMBER: _____

INTERSTATE AUTHORITY (MC/FF) NUMBER: _____

CONTACTS: (i.e. CEO): _____

DISPATCH: _____

SALES: _____

VAN LINE AGENTS FOR: _____

WAREHOUSE: YES NO OFFICE HOURS: _____ (Mon-Fri) _____ (Sat)

SCALES: YES NO

FORKLIFT AVAILABLE: YES NO AFTER-HOURS CONTACT: _____

EMAIL ADDRESSES: _____

COMPANY WEB-SITE: _____

No services will be provided until our office receives a completed application form and one year's membership dues of \$300. If you have any questions, please call 478-737-5563.

SIGNATURE: _____ DATE: _____

Mail to: Georgia Movers Association
113 Arkwright Landing Macon, GA 31210
Fax: 478-757-1949