

## Membership Application 2018 – 2019 Business Merchant Information

Name:		
Address:		
Telephone (Bus):	_(Cell):	
Email:		
Website:		
Facebook:		
Primary Contact:		Owner: (YES) or (NO)
Number of Employees:		
Type of Business:		
Services provided or products sold: _		

## Please Choose at least 1 event that you would like to volunteer to help with:

- **Christmas Parade**
- □ Membership New/Retention
- **G** Special Events
- **City/County Ordinances**
- Event Entertainment Coordinator
- **Easter Egg Hunt**
- **G** Social Events w/Members
- □ Media/Public Relations
- **Fundraising**
- □ City/County Complaint Liaison

Please mail application along with \$50.00 to:

Jasper Merchants Association P.O. Box 1732 • Jasper, Georgia 30143 Phone: (706) 426-1968