

GAABA Greenville Avenue Area Business Association GAABA

MERCHANT MEMBERSHIP APPLICATION

NAME OF BUSINESS _____
STREET ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE # _____
FAX # _____
WEBSITE ADDRESS _____
E-MAIL ADDRESS _____
TYPE OF BUSINESS _____
NAME OF OWNER _____

Membership Dues Information

ANNUAL DUES ARE BASED ON THE FOLLOWING SCHEDULE

PLEASE INDICATE THE CLASSIFICATION THAT REPRESENTS YOUR COMPANY

Annual fee for businesses with under 75 employees is.....\$150
Businesses with over 75 employees is \$250

Please make your check out to GAABA and remit to address below:

P.O Box 720520
Dallas TX 75372

Phone: 214-368-6722 - GAABA Hotline

Authorization Sig. _____

Print Name & Title _____

Today's Date _____

Please indicate if you would like to serve on the Board. YES ___ NO ___

This Information is to be used ONLY by GAABA Members and its Directors.