NATA Associate Membership LLC
2055 North Brown Road, Lawrenceville GA 30043
Tele. (770) 277-8916   Fax (404) 478-8525   Email: admin@araonline.us

Jewelers
Membership Application Form
Please include a copy of the picture ID of Primary member.

Name of Corporation: _____

Name of Business (DBA): _____EIN (FED ID No.):_____

Store Address: _____(City)_____(State)_____(Zip)_____

Store Phone #_____Fax #_____ E-mail: _____

Primary owner First: _____Middle:_____ Last: _____

Primary Owner Mobile#_____ Yrs. in Business _____ Yrs. In present Location_____

Please list bellow all Partners/Shareholders' names listed in the Corporation:

Last Name	First Name	Gender	Cell Phone	Email	Ismaili(Y/N)	Ownership %
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Location Type: (circle one) Strip Center * Free standing Bldg. Do you have delivery service Yes/No?

Number of Plants ___. Number of Pickup Point___ . Number of Employees ___.

The Undersigned applicant, ("Member"), acknowledges that the National Alliance Trade Associations, LLC (NATA) has been organized for the benefit of its members. Therefore, in consideration of the membership offered to you and potential benefits to be derived therefrom, member covenants and agree not to hold NATA its officers, or directors responsible for the performance of their duties in the scope of their office; for any reason or any cause of action except those resulting from gross negligence or intentional tortuous conduct directly and proximately resulting in injury to member. Also, member agrees to abide by the rules and regulations of the NATA, failing which the NATA Board of Directors can terminate the membership. Also, the member name listed (above) is considered **primary** member and rebate or benefits will be distributed to him/her. If there is ever a change in the primary member name, a new completed application needs to be filled out for Board approval.

I confirm that I have received and read the By-Laws of NATA and I agree to abide by Laws as amended from time to time.

This (date)_____day of (month)_____(year)_____Signiture_____

By signing you acknowledge having read and understood the above paragraphs.(Authorized signature)

(For office use only) Verified and Approved for Membership by the ARA Board:

Completed and checked by: _____ (Signature) _____ (Date) _____

(Name)_____ (Signature) _____ (Date) _____

Membershipfee: $_____ Check Number: _____