

GEORGIA ALCOHOL DEALERS ASSOCIATION, INC.

215 Piedmont Ave, N.E. ~ Suite C-5 ~ Atlanta, GA 30308-3315
(678) 701-0234 * (800) 237-4232 * Fax (678) 701-0235

MEMBERSHIP APPLICATION

The undersigned hereby requests to be added as an active member of **the GEORGIA ALCOHOL DEALERS ASSOCIATION, INC.**, a non-profit trade association of the alcohol beverage industry.

LICENSEE:	_____	CONTACT:	_____
STORE:	_____	STATE LIC. # :	_____
ADDRESS:	_____	_____	
COUNTY	_____	eMail:	_____
TELEPHONE # :	_____	FAX # :	_____

Our commitment to our members' best interests has resulted in a flexible program that allows for members to elect their own method of dues payment. The Wholesale Dues plan which is based on volume sales of distilled spirits is ideal for relatively low volume stores. The other two payment options are based on the maximum dues of \$250.00 per month and are ideal for high volume stores. Please choose the one plan below that is most cost effective for *your* business needs.

- Please enroll me under the Wholesale Dues Plan, whereby I authorize my wholesalers to add \$0.50 per case (**distilled spirits only**) to invoices sent to the retail licensed establishment above. The undersigned further requests that dues collected on invoices shall be remitted to the GEORGIA ALCOHOL DEALERS ASSOCIATION; 215 Piedmont Avenue, N.E., Suite C-5; Atlanta, GA 30308-3315. My participation in this plan is to become effective on _____ (date).
- Please enroll me under the Invoice Plan, whereby I pay dues periodically upon receipt of an invoice. I request to pay dues on the following schedule:
 - \$ 250.00 Monthly
 - \$ 750.00 Quarterly
 - \$1,500.00 Semi-Annually
 - \$3,000.00 Annually
- Please enroll me under the Automatic Draft Plan, whereby I authorize automatic withdrawal of \$250.00 per month against my bank account. (Upon receipt of your application, we will forward a Bank Authorization Form prior to any transactions.)

SIGNATURE _____

DATE _____