



ASSOCIATE MEMBERSHIP APPLICATION

Thank you for your interest in becoming a member the Georgia Conference of Black Mayors, Inc. and your support is greatly appreciated. Your support of this organization is vital to the effective advocacy of Black Mayors and business development throughout Georgia in both private and public sectors.

New Associate Member Past Associate Member

Membership includes: Certificate of Membership, communications from local and national office, quarterly newsletters, special reports, invitations to GCBM events, meetings, mixers, seminars, networking opportunities, etc.

Membership fee covers the period from acceptance through twelve continuous months.

APPLICANT INFORMATION

Name: _____

Current Address: _____

City: _____	State: _____	ZIP Code: _____
Phone: _____	Fax: _____	E-mail: _____

COMPANY/BUSINESS INFORMATION

Business Name: _____

Business Address: _____

City: _____	State: _____	ZIP Code: _____
Telephone: _____	Fax: _____	

SIGNATURE

I agree with all applicable GCBM by-laws, ethical and code of conduct policy as defined by GCBM governing body of which a copy may be obtained by writing or calling GCBM Customer Service at the address or telephone number below.

<p>Signature of applicant: _____</p> <p style="text-align: center;">Direct Membership</p> <p><input type="checkbox"/> Direct Membership</p> <table style="width: 100%;"> <tr> <td style="width: 60%;">GCBM ANNUAL DUES:</td> <td style="width: 20%;">USD \$ _____</td> <td style="width: 20%; text-align: right;">90.00</td> </tr> <tr> <td>Administrative Fee:</td> <td>USD \$ _____</td> <td style="text-align: right;">10.00</td> </tr> <tr> <td>TOTAL:</td> <td>USD \$ _____</td> <td style="text-align: right;">100.00</td> </tr> </table> <p style="text-align: center;">Method of Payment (U.S. Funds ONLY):</p> <p><input type="checkbox"/> Personal Check <input type="checkbox"/> Organization/Municipality Check <input type="checkbox"/> Cash</p> <p style="color: red; text-align: center;">Make all checks payable to Georgia Conference of Black Mayors, Inc.</p>	GCBM ANNUAL DUES:	USD \$ _____	90.00	Administrative Fee:	USD \$ _____	10.00	TOTAL:	USD \$ _____	100.00	<p>Date: _____</p> <p>Dues, contributions or gifts to this organization are tax-deductible charitable contributions as defined by IRS code 501c3 OR dues may, alternatively, be deductible as a business expensive.</p> <p>GCBM, Inc. 501c3 tax determination application is pending.</p>
GCBM ANNUAL DUES:	USD \$ _____	90.00								
Administrative Fee:	USD \$ _____	10.00								
TOTAL:	USD \$ _____	100.00								

<p>GCBM Antitrust Policy</p> <p>It is the express policy and intention of GCBM to comply at all times with all existing laws, including the antitrust laws, and in furtherance of this policy, no activity or program will be sponsored or conducted by or within GCBM or any association affiliated with GCBM which in any matter whatsoever will represent or be deemed a violation of any existing law, including the anti-trust laws. This statement of policy will be implemented by the publication of the Antitrust Policy, Principles and Standards," "Professional Self-Regulation," and "Standards of Conduct" which are available to all members of the organization upon request.</p>	<p style="color: red;">GCBM, Inc. Use ONLY</p> <p>Amount \$ _____</p> <p>Receipt # _____</p> <p>Date Entered _____</p> <p>Initials _____</p>
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