



Masonry Association of Georgia, Inc.
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MEMBERSHIP APPLICATION

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

VOICE #: _____ FAX #: _____

MOBILE/PAGER: _____ FED. ID/SS#: _____

E-MAIL: _____ WEBSITE: _____

COMPANY PRINCIPALS/ASSOCIATION CONTACTS:

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

DATE FIRM ESTABLISHED: _____ YEARS IN GA: _____

**** Contractor applicants must have been in business for a minimum of two years or have prior ownership of a masonry business.**

TYPE OF WORK/SERVICES/PRODUCTS:

BUSINESS REFERENCES - At least two must be current MAG members.

Company: _____ Contact: _____

Address: _____ Telephone #: _____

Company: _____ Contact: _____

Address: _____ Telephone #: _____

Company: _____ Contact: _____

Address: _____ Telephone #: _____

Why would you like to join the Masonry Assn. of Georgia?

BANK Reference: _____ Branch: _____

Contact: _____ Telephone #: _____

APPLICATION SUBMITTED BY: _____
Title: _____ Date: _____
APPLICANT SPONSORED BY: _____

Type of Membership: CONTRACTOR _____ ASSOCIATE _____

Membership Dues (\$550 annually) must be submitted with application.



CONTRACTORS MUST COMPLETE THIS SECTION



Number of Employees: Full Time _____ Part Time _____

Type of Work: Commercial _____ Industrial _____ Residential _____

Contracts: Lump Sum _____ Labor Only _____ Percentage _____ All _____

PROJECT REFERENCES - List three (3) COMPLETED Georgia projects.

Project: _____ Location: _____

General Contractor/Owner: _____

Architect: _____

Project: _____ Location: _____

General Contractor/Owner: _____

Architect: _____

Project: _____ Location: _____

General Contractor/Owner: _____

Architect: _____

For Office Use Only: Approved for membership on _____.