



Jefferson Area Business Association

Member Business Success is our Mission

I wish to **JOIN / RENEW** membership in the Jefferson Area Business Association (JABA). The following information is provided to **ESTABLISH / UPDATE** my listing on membership rosters, directories, its website and any other marketing source.

Member Name _____

Organization / Business Name _____

Mailing Address _____

Phone _____

Email Address _____

Website Address _____

Business/Organization Description (information will be added to website member directory)

How did you hear about JABA? _____

As an active, participating member of JABA, I volunteer to serve in the area(s) checked below.

- | | |
|---|---|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Programs | <input type="checkbox"/> Website |
| <input type="checkbox"/> Budget | <input type="checkbox"/> Catering |
| <input type="checkbox"/> Community and Public Relations | <input type="checkbox"/> Social Media |

The Jefferson Area Business Association (JABA) is a nonprofit organization that brings local business owners and managers together for the betterment of each business member's success.

The cost for annual membership dues, which includes a single representative from January 1 through December 31, is \$50.00 per organization. Additional representatives are welcome and cost an additional \$10.00 each. Membership dues for new members are prorated at a rate of \$4.17 per month for the number of months remaining in the calendar year. Please make your check payable to JABA and give it to any board member or mail it to: JABA, PO Box 734, Jefferson, GA. 30549. Please check our website (www.jaba-ga.org) for current information about JABA.

By signing this enrollment form, I agree to abide by the JABA By-Laws and operating rules. I also acknowledge that JABA does not tolerate discrimination of any type. Any person who violates this policy and value may have his or her membership revoked or refused. Signing and submitting this enrollment/renewal form affirms your agreement to this policy and value.

Signature _____ Date _____