MEMBER#_________(To be filled by Office)

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

Membership Application Form

Please include a copy of the picture ID of Primary member.

	•	1	•			
Name of Corporation:						
Name of Business (DBA):		EIN (FED ID No.):				
Physical Address:		(City)		_(State)	(Zip)	
Phone #Fa	ax #	E-ma	ail:			
Primary owner First:	.	Middle:	Last: _			
Primary Owner Mobile#	Yrs	s. in Business	Yrs. In prese	nt Location_		
Please list bellow all Partners/Sh	areholders' nar	nes listed in the C	Corporation:			
<u>Last Name</u> <u>First Name</u>	Gender C	Cell Phone	<u>Email</u>	<u>Ismaili(</u> `	Y/N) Ownership %	
Location Type: (circle one) * Sh	opping Mall * S	Strip Center * Fre	e standing Bldg. *	* Residential	l	
The Undersigned applicant, ("Merorganized for the benefit of its menderived therefrom, member covenatheir duties in the scope of their dintentional tortuous conduct directland regulations of the NATA, failing listed (above) is considered primar primary member name, a new comp	nbers. Therefore, and agree no office; for any re y and proximate ag which the NA' ry member and re	in consideration of ot to hold NATA is ason or any cause ly resulting in inju TA Board of Direct bebate or benefits w	the membership of ts officers, or direct of action except the ry to member. Also tors can terminate the ill be distributed to	fered to you a tors responsil nose resulting so, member a he membershi him/her. If the	and potential benefits to ble for the performance from gross negligence grees to abide by the ru- ip. Also, the member nar	be of or les ne
I confirm that I have received and re	ead the By-Laws o	of NATA and I agree	e to abide by Laws a	s amended fro	om time to time.	
This (date)day of (month)	(year)_	Signiture	e			
By signing you acknowledge ha	ving read and t	understood the al	ove paragraphs.	(Authorized	signature)	
(For office use only) Verified a	and Approved	for Membership	by the ARA Boa	ırd:		
Completed and checked by:						
(Name)	(Signature)		(D	Oate)		
Membership fee: \$		Check Number: _				