

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.

Name of Corporation: _____

Name of Business (DBA): _____ EIN (FED ID No.): _____

Physical Address: _____ (City) _____ (State) _____ (Zip) _____

Phone # _____ Fax # _____ E-mail: _____

Primary owner First: _____ Middle: _____ Last: _____

Primary Owner Mobile# _____ Yrs. in Business _____ Yrs. In present Location _____

Please list bellow all Partners/Shareholders' names listed in the Corporation:

<u>Last Name</u>	<u>First Name</u>	<u>Gender</u>	<u>Cell Phone</u>	<u>Email</u>	<u>Ismaili(Y/N)</u>	<u>Ownership %</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Location Type: (circle one) * Shopping Mall * Strip Center * Free standing Bldg. * Residential

The Undersigned applicant, ("Member"), acknowledges that the National Alliance Trade Associations, LLC (NATA) has been organized for the benefit of its members. Therefore, in consideration of the membership offered to you and potential benefits to be derived therefrom, member covenants and agree not to hold NATA its officers, or directors responsible for the performance of their duties in the scope of their office; for any reason or any cause of action except those resulting from gross negligence or intentional tortuous conduct directly and proximately resulting in injury to member. Also, member agrees to abide by the rules and regulations of the NATA, failing which the NATA Board of Directors can terminate the membership. Also, the member name listed (above) is considered **primary** member and rebate or benefits will be distributed to him/her. If there is ever a change in the primary member name, a new completed application needs to be filled out for Board approval.

I confirm that I have received and read the By-Laws of NATA and I agree to abide by Laws as amended from time to time.

This (date) _____ day of (month) _____ (year) _____ Signature _____

By signing you acknowledge having read and understood the above paragraphs. (Authorized signature)

(For office use only) Verified and Approved for Membership by the ARA Board:

Completed and checked by: _____ (Signature) _____ (Date) _____

(Name) _____ (Signature) _____ (Date) _____

Membership fee: \$ _____ Check Number: _____