



Jasper Merchants Association

Membership Application 2020

Business Merchant Information

Name: _____

Address: _____

Telephone (Bus): _____ (Cell): _____

Email: _____

Website: _____

Facebook: _____

Primary Contact: _____ Owner: (YES) or (NO)

Number of Employees: _____

Type of Business: _____

Services provided or products sold: _____

Please Choose at least 1 area that you would like to volunteer to help with:

- | | |
|--|---|
| <input type="checkbox"/> Christmas Parade | <input type="checkbox"/> Mountain City Mayhem |
| <input type="checkbox"/> Membership New/Retention | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Media/Public Relations |
| <input type="checkbox"/> Event Entertainment Coordinator | <input type="checkbox"/> City/County Liaison |

Please mail application along with \$50.00 to:

Jasper Merchants Association
P.O. Box 1732 • Jasper, Georgia 30143
Phone: (706) 426-1968