



Membership Application

Business Name: _____
Contact: _____
Mailing Address: _____

City/Zip: _____
Phone: _____
E-mail: _____
Category/Type of Business: _____

New & Renewal Business Dues: \$100 annually

\$120 annually if not paid by 3/31

\$50 annually for second business

\$25 annually for third and subsequent businesses

Associate/non-business membership: \$25 annually

Make checks payable to GABA and mail to:

P.O. Box 2385
Arnold, Ca. 95223

