



Masonry Association of Georgia, Inc.
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MEMBERSHIP APPLICATION

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

VOICE #: _____ FAX #: _____

MOBILE: _____ OTHER: _____

E-MAIL: _____ WEBSITE: _____

COMPANY PRINCIPALS/ASSOCIATION CONTACTS:

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

DATE FIRM ESTABLISHED: _____ YEARS IN GA: _____

**** Contractor applicants must have been in business for a minimum of five years or have prior ownership of a masonry business.**

TYPE OF WORK/SERVICES/PRODUCTS:

CREDIT REFERENCES – TWO must be CURRENT MAG ASSOCIATE MEMBERS.

Company: _____ Contact: _____

Address: _____ Telephone #: _____

Company: _____ Contact: _____

Address: _____ Telephone #: _____

Company: _____ Contact: _____

Address: _____ Telephone #: _____

