



Georgia Jewelers Association

Associate Membership Application

Applicants Name _____

Name of Firm/Company _____

Title/position _____ Date _____

Applicants Mailing Address:

City _____ State _____ Zip _____

Phone Number:

Business _____ Cell _____

Applicant's email address: _____

Dues for Associate Membership:

\$100 per year Check # _____ date: _____

Am Ex MC Visa

Credit card # _____ Exp. date ____ / ____ CVV _____

Name on card _____

Address (if different than above) _____

If you would like to advertise in our quarterly newsletter or our annual yearbook/directory or receive information about our rates, sizes and sponsorship opportunities please check here. ☐

Please mail or email to:



Georgia Jewelers Association

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Canton GA 30115

Whitney Lince, Executive Director

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