



Date _____

Name of Business _____

Type of Business _____

Physical Address _____

City _____ State _____ Zip Code _____

Mailing Address _____

City _____ State _____ Zip Code _____

Business Phone Number _____

Contact Person _____ Phone Number _____

E-Mail Address _____

Website Address _____

Please check which applies:

Yes, I would like to join GABA & have enclosed **this completed form** and a check to GABA for \$60.00

No, I am not interested in joining GABA, remove me from your list

Dues are due November 1st - www.glennmichigan.com

GABA PO Box 51 Glenn, MI 49416

Contact Tim Simpson (269) 227-3701

Barb Hogarth (269) 227-3647

If you need a receipt for your tax records, please copy this form