

# Powers Ferry Corridor Alliance

## Membership Application

Please type or print clearly! \* Indicates required information

Date today \* \_\_\_\_\_

First Name \* \_\_\_\_\_ Last Name \* \_\_\_\_\_

Email \* \_\_\_\_\_

*Privacy: This email address is only for member communication and is never shared.*

New Membership

Renewal

Membership is for 12 months.

Term begins on date dues payment is received.

Membership Type	Yearly Dues
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<input type="checkbox"/> Individual	\$20
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<input type="checkbox"/> HOA or Condo Association	\$100
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<input type="checkbox"/> Business	\$100
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If HOA or Condo Association, the name \* \_\_\_\_\_

If BUSINESS, enter the business name \* \_\_\_\_\_

Optional, but helpful information:

Phone number:

Street address:

City and Zip:

**MAIL TOP PORTION WITH CHECK PAYABLE TO:** Powers Ferry Corridor Alliance

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*Retain this portion for your records.*

12-Month membership dues paid.

Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_

Date Paid \_\_\_\_\_

Email contact: [membership@powersferryca.com](mailto:membership@powersferryca.com)

*Mail top portion to:*

PFCA

Attn: Jeanie Blanc

2401 Windy Ridge Parkway SE

Atlanta GA 30339