Powers Ferry Corridor Alliance

Membership Application

Please type or print clearly!

* Indicates required information

Questions: membership@powersferryca.com

Date today * _____

Name of person filling out the form:

First Name * _____ **Last Name** * _____

Email * _____

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

☐ **New Membership**

☐ **Renewal**

Membership term is for 12 months.

Term begins on the date the dues payment is received.

Membership Type	**Dues/12 months**
☐ **Individual**	**$20**
☐ **HOA or Condo Association**	**$100**
☐ **Business**	**$100**

If HOA or Condo Association, enter association name * _____

If BUSINESS, enter the business name * _____

Phone number _____

Street address _____

City _____ **State** _____ **Zip** _____

MAIL COMPLETED FORM WITH CHECK PAYABLE TO: Powers Ferry Corridor Alliance

Mailing address: **PFCA**
Attn: Jeanie Blanc
2401 Windy Ridge Parkway SE
Atlanta GA 30339

Retain a copy of the completed form for your records.