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GEORGIA SECURITIES ASSOCIATION

2008 GSA Membership Application

Date: _____
Company: _____
Address: _____
Phone: _____ Fax: _____

Meeting announcements and other information are sent via email so please include names and email addresses for each individual.

Managing Principal Email
Name Email
Name Email

Type of business: (circle one) buyside sellside
Location of other offices:

Number of professionals (registered representatives, financial planners, portfolio managers, advisors, or traders): _____

Brief description of business: _____

(Tax ID # 58-1548071)

Please e-mail the application to membership@gasec.org or mail to:

GSA
P.O. Box 12106
Atlanta, GA 30355

An invoice for annual dues will be sent with a letter of acceptance upon board

P.O. Box 12106 / Atlanta, Georgia 30355