



Atlanta Retailers Association III
2055 North Brown Road, Lawrenceville GA 30043
Tele. (770) 277-8916 Fax (404) 478-8525 Email: ara3@araonline.us

Salon

Please include a copy of the picture ID of primary member.
 Please fill out a separate form for each Location.

Note: A non refundable Membership fee of \$100 per Store per year.
 fax copy accepted for new member's application for processing, mail original with your payment..Use Blue ink & write in caps only.

Name of Corporation: _____

Name of Business (DBA): _____ EIN (FED ID No.): _____

Store Address: _____ (City) _____ (State) _____ (Zip) _____

Store Phone # _____ Fax # _____ E-mail: _____

Primary Owner (Min 50% ownership) Mobile# _____

1) Owners Or Partner Name Last _____ First _____ Title _____ Life Insurance Yes No

2) Owners or Partner Name Last _____ First _____ Title _____ Life Insurance Yes No

Do you have Loyalty Program: Yes/No? Do you Sell Costume Jewelry Yes/No?

Location Type: (circle one) Indoor Mall Strip Center. Number of Employees ____.

Do you currently have Web Site: Yes No. Yrs. in Business ____ Yrs. In present Location ____

The Undersigned applicant, ("Member"), acknowledges that the Atlanta Retailers Cooperative Association III, LLC (ARA III) has been organized for the benefit of its members. Therefore, in consideration of the membership offered to you and potential benefits to be derived therefrom, member covenants and agree not to hold ARA III its officers, or directors responsible for the performance of their duties in the scope of their office; for any reason or any cause of action except those resulting from gross negligence or intentional tortuous conduct directly and proximately resulting in injury to member. Also, member agrees to abide by the rules and regulations of the ARA III, failing which the ARA III Board of Directors can terminate the membership. Also, the member name listed (above) is considered primary member and rebate or benefits will be distributed to him/her. If there is ever a change in the primary member name, a new completed application needs to be filled out for Board approval.

I confirm that I have received and read the By-Laws of ARA III and I agree to abide by Laws as amended from time to time.

This (date) ____ day of (month) _____ (year) _____ Signiture _____

By signing you acknowledge having read and understood the above paragraphs. (Authorized signature)

(For ARA III office use only) Verified and Approved for Membership by the ARA III Board:

(Name) _____ (Signature) _____ (Date) _____

Membership' fee \$ _____ Received by _____ Receipt # _____ Y/N _____

Membership # _____ Check # _____ Notes: _____