

G.B.C.A.

Business Session & Expo Follow Up

Preparing The Next Generation



Complete the form in its entirety.

Contact Name: _____

Title or Position: _____

Business Name: _____

Contact2 Name: _____

Title or Position: _____

City: _____ State: _____ Zip: _____

Office Direct Phone: (_____) _____ Mobile : (_____) _____

Mailing Address (if different) : _____

City: _____ State: _____ Zip: _____

Membership Pyments: Make checks payable to: Georgia Black Constructor's Association (GBCA)

Mail to: Post Office Box 689 | Atlanta, Georgia 30301

For electronic / cc payments, W9 Form, please send request to: Programs@gablackconstructors.org

Zelle Payments: Billing@gablackconstructors.org

In House Only

Date Received:  _____ Amount Received: _____

Form of payment: DC _____ CC _____ Check _____ Zelle _____ Last 4 digits _____

Initial of Receiver _____