



GCIA Membership Application

Print this form and fax to 770.590.3881

Name of Business: _____

Type of Business:

- Collision Repair Shop
- Insurance Agency
- Insurance Adjustor
- PBE Supplier
- Rental Car Agency
- PBE Manufacturer
- Information Provider
- Computers/Software
- Other _____

Type of Membership:

- Collision Facility (up to 5 members - \$300 per year)
\$100 for additional shop with a \$500 max. (ex: 3 shops=\$500)
- Associate (individual - \$50 per year)
- Corporate (industry related - \$500 per year)

Primary Member #1 Info

Name: _____
Email: _____
Street Address: _____
Address 2: _____
City: _____ State: _____ Zip: _____
Phone w/area: _____ Fax w/area: _____

Additional Member (2-5) Info for Collision Facility Membership

Member #2 Name: _____
Member #2 eMail: _____
Member #3 Name: _____
Member #3 eMail: _____
Member #4 Name: _____
Member #4 eMail: _____
Member #5 Name: _____
Member #5 eMail: _____

Payment Method

AMEX Discover MasterCard Visa Check

Card Number: _____

Exp. Date: (00/00) _____ / _____ CVV#: (3 Digit # on back of card) _____

Georgia Collision Industry Association
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