

Gerry No. 5 Veteran Fireman's Association, Inc.
Business Card Advertising Application

Name: _____ Member # _____
Non-Member? _____

Business Name & Mailing Address: _____

Street City State Zip

Phone #: _____ (business/mobile/home)

E-Mail: _____ (business/home)

Web site: _____

Type of Placement: Prime (\$100 per year members/\$200 non-member) _____

Regular (\$50 per year member/\$100 non-member) _____

Payment Type: Cash/Check/Credit Card Amount Paid: \$ _____

Make checks payable to: Gerry 5 VFA

Attach Business Card Here or Use Space Below to Present Business Information to be published:

Internal Use Only

Payment Rec'd Date:

Initials:

Secretary Accepted Date: